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ABSTRACT

Noting that feeding children foods that are nourishing and uncontaminated keeps children healthy and safe, this book is intended to help caregivers provide children with healthy and safe food, and meet national, state, and local nutrition standards. Chapter one provides a rationale for the book and includes tips for child care providers. Chapter two focuses on cleanliness and provides guidance on hand- and dishwashing and on keeping preparation areas clean. Chapter three addresses choosing foods that are safe to eat, protecting against choking and food spoilage, and preparing and serving foods properly. Chapter four addresses planning to meet children's food needs. Topics include child growth and development and appropriate feeding for every age group and health need. Chapter five addresses promoting pleasant meals including the physical environment, social environment, serving style, and children's food decisions. Chapter six focuses on helping children and families learn about food. Nutrition education for staff, children, and families is addressed. A substantial three-part appendix follows: the first section includes information on community resources and resource lists; the second section is directed at child care centers and contains information on menus, staffing, equipment, records, and kitchen access; the final section consists of materials for parents including helping children like new foods, food safety, and kitchen safety. (SD)

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MAKING FOOD HEALTHY & SAFE FOR CHILDREN

How to Meet the National Health and Safety Performance Standards — Guidelines for Out-of-Home Child Care Programs

Health Resources & Services Administration

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MAKING FOOD HEALTHY AND SAFE FOR CHILDREN

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For programmatic information, please contact:
Denise Sofka, R.D., M. P. H.
Maternal and Child Health Bureau
5600 Fishers Lane
Parklawn Building, Room 18A-39
Rockville, MD 20857
(301) 443-6600

Published by:
National Center for Education in Maternal and Child Health
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(703) 524-7802
(703) 524-9335 fax
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Copies of this publication are available from:
National Maternal and Child Health Clearinghouse
2070 Chain Bridge Road, Suite 450
Vienna, VA 22182-2536
(703) 821-8955
(703) 821-2098 fax

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HOW TO USE THIS BOOK

Use this book as a guide for meeting the nutrition standards in *National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs.* The original version, *Caring for Our Children: National Health and Safety Performance Standards—Guidelines for Out-of-Home Child Care Programs* was developed by the American Public Health Association and the American Academy of Pediatrics through a grant from the Maternal and Child Health Bureau. This book presents information about all of the nutrition-related standards in chapters divided by topic. Look at individual chapters for specific information such as using foods that are safe to eat (Chapter 3) or planning to meet the children's food needs (Chapter 4).

STANDARD NUMBERS

The small numbers at the end of some sentences (e.g., NU47) refer to the standard that is being discussed in the text. The standard is printed to the side of the page for easy reference.

CHECKLISTS

Several chapters contain checklists that include key points from the chapter. There is a checklist for food safety and one for menu planning.

BOXES AND FIGURES

The boxes and figures contain important information and practical tips to help you meet the standards (for example, "Sample Cleaning Schedule" and "Meal and Snack Schedule"). Many of these tips are on a page by themselves. You can photocopy them and hand them out or hang them on a bulletin board, wall, or door. This book is not copyrighted—you may reproduce any part of it.

APPENDIX

Look in the appendix for a list of community resources that can help you, a list of books and materials you can use, information about standards that only centers need to meet, and materials for parents.

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CHAPTER ONE

INTRODUCTION

One of the most basic ways to show that we care about children is to feed them nourishing and safe foods. Feeding children is important for a number of reasons:

- Food gives children the energy and nutrients they need to be active, to think, and to grow.
- Food helps to keep children healthy. Good nutrition helps a child's cuts and scrapes heal. Good nutrition helps a child's body fight off colds and diarrhea.
- Feeding children can give them a sense of closeness with another person.
- Food makes children feel more comfortable and secure and takes away feelings of hunger.
- Feeding children helps them learn about their world. When children eat, they use all their five senses (taste, smell, sight, hearing, and touch).
- Children develop fine motor skills (such as picking up pieces of food between their thumb and fingers and correctly using utensils) when they eat, serve themselves, and handle food.
- Children develop self-esteem when they learn to feed themselves.
- When children eat with others, they develop language and social skills.

You have chosen to care for other people's children, and feeding these children is part of your work. Feeding children foods that are nourishing and clean keeps children healthy and safe.

PURPOSE OF THIS BOOK

This book was written to help you (1) provide children with healthy and safe food, and (2) meet the nutrition standards in *National Health and Safety Performance Standards: Guidelines for Out-of Home Child Care Programs.*[1] The standards are *goals*—

[1] These standards were originally published in 1992 as *Caring for Our Children: National Health and Safety Performance Standards—Guidelines for Out-of-Home Child Care Programs.* They were developed by the American Public Health Association and the American Academy of Pediatrics with support from the Maternal and Child Health Bureau, Health Resources and Services Administration, U.S. Department of Health and Human Services.

something to work toward. Even if you cannot meet every standard, keep the goals in mind. Every step that you take toward meeting the goals will make a difference. Follow the guidance and suggestions in this book to help keep you and the children you care for safe and healthy.

Most of the goals are the same for family child care homes and child care centers. Centers need to meet some extra standards because they care for more children. The appendix of this book has a special section for centers.

This book can help you:

- ☆ Create a healthy and safe place for children
- ☆ Find ways to make your job easier
- ☆ Locate useful materials
- ☆ Find resources in your community

This book will help you meet national goals, but you also need to follow state and local rules. To find out what the rules are, contact your state or local child care licensing or regulatory agency. If you are not regulated by any agency, contact a local child care referral agency. You can look for a telephone number in the:

- ☆ Yellow Pages under "child care referral service"
- ☆ Blue Pages under "child care" (if available)
- ☆ Special section called "Community Service Numbers" in front of the telephone book White Pages

RESPONSIBILITIES OF CARE PROVIDERS

1. Provide a variety of food that helps children grow and develop.
2. Provide food that is safe to eat.
3. Provide food that respects each child's culture.
4. Pay attention to each child's eating behavior—alert the child's parent if the child is not eating enough of the right kinds of food.
5. Prevent injuries when preparing, handling, and eating food.
6. Bottlefeed infants whenever they are hungry.
7. Offer food every 2 to 3 hours to prevent children from feeling hungry.
8. Offer snacks only at scheduled times.
9. Give children enough time to eat (30 minutes is usually enough).
10. Provide enough help so that children feel at ease when they eat.
11. Have a friendly, comfortable place for eating—make food time fun time.
12. Help children feel good about nutritious foods.
13. Help children develop a habit of eating the right kind and amount of food.
14. Take care of yourself—eat well so that you stay healthy, feel good, and have energy to take care of children.
15. Serve as a role model.

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TIPS FOR CHILD CARE PROVIDERS

Keep these things in mind as you use this book:

Show respect for each child's culture.

Remember that each child develops differently—in both body and mind.

Talk with and involve the parent.[2] Support the relationship between parent and child.

Plan activities that nurture the child's development.

Keep written policies, procedures, and health records. Identify requirements and who has to make sure they are met.

Use health records to:

- keep track of the child's nutrition and health,
- manage minor or chronic disease (through special diets),
- keep track of food allergies,
- know who to contact if you need a medical decision about a child, and
- inform the parent about the child's health (including eating patterns) and nutritional status or follow-up to a specific problem.

Some of the information in this book is based on the requirements for the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). If you participate in that program, you have a separate set of rules that you need to follow. Contact your sponsor or state agency if you need help following those rules.

Keep records private.

Know and follow your policies and procedures about caring for sick children.

Make sure that all care providers know how to:

- prevent illness in themselves and in the children,
- prevent injury to themselves and to the children, and
- meet the children's special nutrition needs.

Provide food that:

- is clean and safe,
- helps to meet the children's daily nutritional needs,
- introduces the children to each other's cultures, and
- gives the children a chance to learn.

As much as you can, provide care for all children—those with disabilities and those without disabilities—together.

[2] We use the term *parent* for convenience to describe the adult or adults responsible for the care of the child. This person could be a grandparent, custodian, or legal guardian.

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CHAPTER TWO

KEEPING EVERYTHING CLEAN

One of the most important things you can do for children is to provide them with clean, safe food. Cleanliness is very important in a child care setting. Keeping everything clean makes it hard for bacteria to grow. Keep hands, equipment, dishes, containers, and food clean and free of germs to help protect yourself and the children from illness.

☆

Your state and local health department can help you learn proper food protection, preparation, and sanitation practices. **NU68** You will find your local health department in the city or county section of your telephone book.

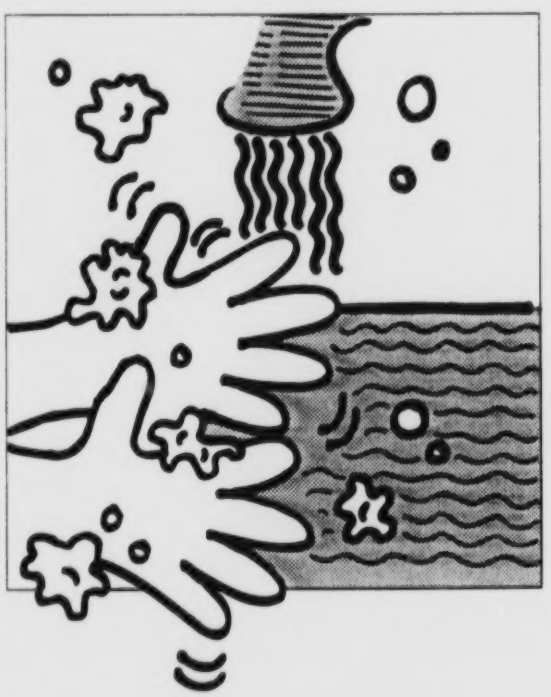
NU68 The facility shall conform to the applicable standards for centers and small and large family child care homes of the U.S. Food and Drug Administration model food sanitation standards and all applicable state and local food service rules and regulations for centers and small and large family child care homes regarding safe food protection and sanitation/disinfection practices. **EDITORS' NOTE:** Refer to revised standards, U.S. Public Health Service, FDA, *Food Code*, 1995.

NU36 Children and staff shall wash their hands as specified in Handwashing.

HP30 Children and staff shall wash and scrub their hands for at least 10 seconds with soap and warm running water.

WASHING HANDS—YOURS AND THE CHILDREN'S NU36

One of the easiest and best ways to prevent the spread of germs is for you and all child care providers to wash your hands often (e.g., before preparing or eating food, after using the toilet or changing a diaper). When you wash your hands, scrub them with soap and warm running water for at least 10 seconds. **HP30** Children may need to use liquid soap if bar soap is too hard for them to handle. Be sure to wash between fingers and under fingernails. Use a nail brush if necessary. Always use disposable towels to dry hands. Cloth towels can spread germs.



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HP29 Staff and children shall wash their hands at least at the following times, and whenever hands are contaminated with body fluids:

a) Before food preparation, handling, or serving
b) After toileting or changing diapers
c) After assisting a child with toilet use
d) Before handling food
e) Before any food service activity (including setting the table)
f) Before and after eating meals or snacks
g) After handling pets or other animals

HP36 Handwashing after exposure to blood or blood-containing body fluids and tissue discharges as specified in Handwashing shall be observed.

HP128 The use of tobacco (in any form), alcohol, and illegal drugs shall be prohibited on the facility premises during the hours of operation.

HP31 The facility shall ensure that staff and children are instructed in, and monitored on, the use of running water, soap, and single-use or disposable towels in handwashing as specified in this chapter.

NU98 Small and large family child care homes shall provide a three-compartment dishwashing area or a dishwasher. At least a two-compartment sink shall be installed to be used in conjunction with a dishwasher to wash, rinse, and disinfect dishes. The dishwashing machine must be chemically or heat-disinfected. If a dishwasher or a three-compartment dishwashing area is not used, paper cups and plates and plastic utensils shall be used and shall be disposed of after every use.

WHEN SHOULD YOU AND THE CHILDREN WASH YOUR HANDS? HP29

ALWAYS WASH YOUR HANDS . . .

- After diapering a child or running your hand inside a diaper to see if it needs changing
- After using the toilet or helping a child to use the toilet
- After sneezing or using a tissue or helping a child to do so
- After coughing into your hand
- After playing with, feeding, or caring for pets or other animals
- After eating, drinking, or smoking
- After handling raw food
- Before preparing, handling, or serving food, including bottles of infant formula or breast milk
- Before setting the table or sitting down to eat
- Any time hands come into contact with body fluids (especially if they contain blood) HP36
- ANY TIME you are not sure your hands are clean HP29

Do not smoke or allow others to smoke during the hours that children are in care. HP128

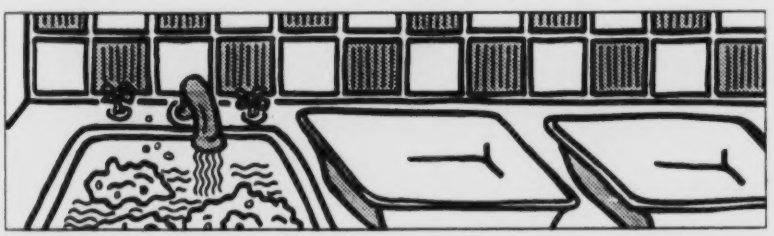
Teach children how to wash their hands, and remind them to do it often. HP31 Set a good example for the children. Remember—when in doubt, wash your hands! Be sure that the children in your care do, too.

WASHING AND DRYING DISHES

To clean and sanitize dishes and utensils, wash them in either:

a) A dishwasher that sanitizes using heat or chemicals ***OR***

b) A three-compartment sink where dishes can be washed, rinsed, and then sanitized. If you do not have a sink with three compartments, use a large dish pan as the second and/or third compartment. NU98



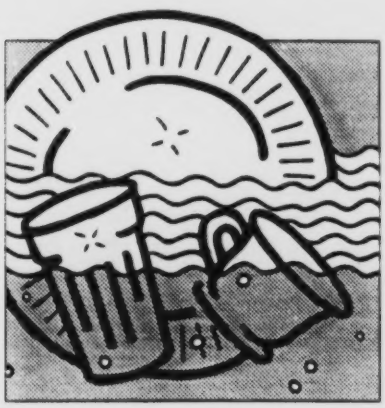
Check with your local health department. Sometimes local health codes specify what equipment family child care home providers must have.

When using a three-compartment sink, do this to wash, rinse, and sanitize dishes: **NU99**

Scrape food from plates, utensils, pots and pans, and equipment used to prepare food.

Wash the dishes thoroughly in hot soapy water. Use clean dishcloths to wash dishes. Wash dishcloths each day. Don't use sponges—they often spread germs.

Rinse the dishes in hot water.



Sanitize the dishes in one of these ways:

a) Soak the dishes (completely covered) in 170°F water for at least 30 seconds. (You will need a utensil thermometer to check the water temperature.)

OR

SOME IMPORTANT DEFINITIONS

Sanitize—to wash with hot soapy water

Disinfect—to destroy harmful bacteria (germs) using heat or chemicals

NU99 If a dishwasher is not used, reusable food service equipment and eating utensils shall be scraped of food when necessary, thoroughly washed in hot water containing a detergent solution, rinsed, and then disinfected by one of the following methods:

a) Complete immersion in hot water and maintenance at a temperature of 170°F for not less than 30 seconds. The items shall be air-dried.

b) Immersion for at least 1 minute in a lukewarm (not less than 75°F) chemical disinfecting solution equivalent to a chlorine bath containing a minimum of 50 to 100 ppm of available chlorine at all times. (Three-fourths to 1½ tablespoons of fresh liquid chlorine bleach in 1 gallon of water will usually provide the proper mixture.) The disinfected items shall be air-dried.

Other methods may be used if approved by the governing health agency.

NU99 If a dishwasher is not used, reusable food service equipment and eating utensils shall be scraped of food when necessary, thoroughly washed in hot water containing a detergent solution, rinsed, and then disinfected by one of the following methods:

a) Complete immersion in hot water and maintenance at a temperature of 170°F for not less than 30 seconds. The items shall be air-dried.

b) Immersion for at least 1 minute in a lukewarm (not less than 75°F) chemical disinfecting solution equivalent to a chlorine bath containing a minimum of 50 to 100 ppm of available chlorine at all times. (Three-fourths to 1 1/2 tablespoons of fresh liquid chlorine bleach in 1 gallon of water will usually provide the proper mixture.) The disinfected items shall be air-dried.

Other methods may be used if approved by the governing health agency.

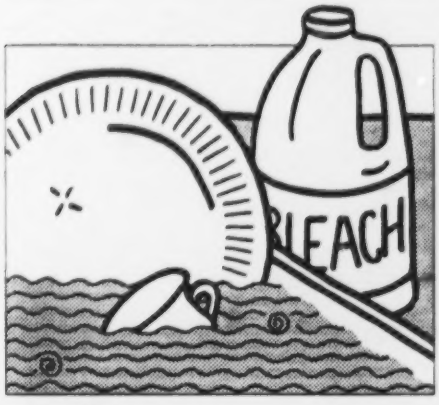
NU56 All sinks shall be supplied with hot and cold running water under pressure.

FA169 Facilities shall have water heating facilities that are properly connected to the water supply system. These facilities shall be capable of heating water to at least 120°F and shall deliver an adequate amount of hot water at every required fixture. Where a dishwasher is utilized, means shall be provided to heat water supplied to such equipment to at least 140°F.

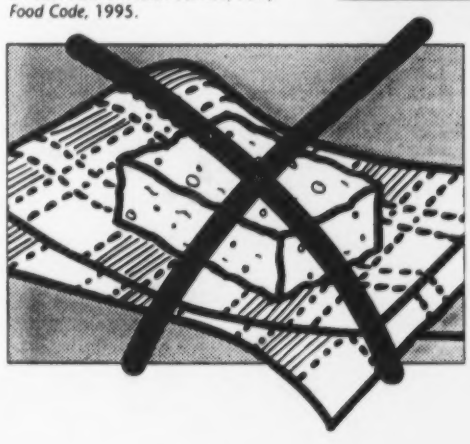
FA171 Food preparation, handwashing, and bathing facilities shall be provided with hot and cold or temperate running water. Where such water will be in direct contact with children, the temperatures shall not exceed 120°F. Scald prevention devices such as special faucets or thermostatically controlled valves shall be permanently installed to provide this temperate water. These temperature limitations do not apply to water supplying dishwashers or laundry equipment where there is no direct exposure to children.

NU98 Small and large family child care homes shall provide a three-compartment dishwashing area or a dishwasher. At least a two-compartment sink shall be installed to be used in conjunction with a dishwasher to wash, rinse, and disinfect dishes. The dishwashing machine must be chemically or heat-disinfected. If a dishwasher or a three-compartment dishwashing area is not used, paper cups and plates and plastic utensils shall be used and shall be disposed of after every use.

b) Soak the dishes for at least 10 seconds in a disinfecting solution of chlorine bleach and warm water (at least 75°F). Use 3/4 to 1 1/2 tablespoons of liquid chlorine bleach mixed with 1 gallon of water. **NU99**



Editors' note: Time for soaking based on U.S. Public Health Service, FDA, *Food Code*, 1995.



Air-dry the dishes. **NU99** Dishtowels and sponges can spread germs.

WATER TEMPERATURE

Sinks should have soap available and hot and cold running water under pressure. This is necessary to clean equipment and wash hands properly. **NU56** In sinks where you will wash dishes, the water should be at least 120°F. Water in the dishwasher should be at least 140°F. **FA169**

Sinks where children wash their hands should not have water that is hotter than 120°F. Very hot water can burn children. Use a utensil thermometer to check the temperature of the water. Install special faucets or temperature control valves to keep children from being burned. **FA171**

If you do not have a dishwasher or need some time to arrange for a three-compartment washing area, use disposable paper plates and cups, and sturdy plastic utensils, to help prevent the spread of germs. **NU98** (Do not use foam cups and plates or light-

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weight plastic utensils because young children could bite off pieces and choke.) Throw away these items and other single-service items such as paper bibs and napkins after each use. NU65 Use these disposable items until you can arrange for a three-compartment washing area.

All cooking equipment should be washed with hot soapy water, rinsed, sanitized, and air-dried.

CLEANING EQUIPMENT

Keep all kitchen equipment clean and in good working order. NU52 Keep all surfaces clean in the food preparation area. This includes tables and countertops, floors, and shelves. Surfaces that food will be placed on should be made of smooth material that has no holes or cracks. NU51 Clean all food service and eating areas with clean dishcloths and hot soapy water before and after each meal. Wash plastic tablecloths and placemats with clean dishcloths and hot soapy water. To disinfect these surfaces, use a solution of 1/4 cup liquid chlorine bleach mixed with 1 gallon of tap water. Leave the surface glistening and allow it to air-dry.

After every use, clean mixers and other cooking equipment with hot soapy water, rinse well, and let air-dry. Remember to unplug all electrical appliances before washing. Store all food equipment in a clean covered area or cover the equipment. NU95

Keep refrigerators and freezers clean. NU88 Scrub cutting boards with hot soapy water before using them for a different food. Use only cutting boards made of nonporous material (e.g., plastic; hard, close-grained wood). Don't use boards with cracks or crevices where germs can collect. NU96 It is best to have two cutting boards—one for raw meat, poultry, and seafood, and another for cooked foods and raw fruits and vegetables.

NU65 Single-service articles such as napkins, bibs, dishes, and utensils shall be discarded after each use.
NU52 All kitchen equipment shall be clean and in good operable condition and shall be properly maintained.
NU51 All food-contact-area surfaces (including tables and countertops) and floors and shelving in the food preparation areas shall be in good repair and shall be made of smooth, nonporous materials that may be easily sanitized and kept clean.
NU95 Areas and equipment used for the storage, preparation, and service of food shall be kept clean. All of the food preparation, food service, and dining areas shall be cleaned and sanitized between uses and before and after each meal. Food preparation equipment shall be cleaned and sanitized after each use and stored in a clean and sanitary manner.
NU88 Refrigerators and freezers shall be maintained in a clean and sanitary condition.
NU96 Cutting boards shall be made of nonporous material and shall be scrubbed with hot water and detergent and sanitized between use for different foods. Boards with crevices and cuts shall not be used.

BE GOOD TO THE EARTH

Recycle whenever possible. Here are some things you can do:

- Find out what your community recycles—glass containers, plastic containers, aluminum cans, steel cans.
- Take canvas or string bags with you to the store to use instead of paper or plastic ones.
- Buy food in bulk—without excess packaging.

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NU101 Washable napkins (when allowed by the regulatory agency) and bibs shall be laundered after each use. Tablecloths, if approved for use, shall be kept clean.

NU50 The food preparation area of the kitchen shall be separate from the eating, play, toilet, and bathroom areas and from areas where animals are kept, and shall not be used as a passageway while food is being prepared. Food preparation areas shall be separated from areas used by the children for activities unrelated to food by a door, gate, counter, or room divider except in small family child care homes when separation may limit child supervision.

HP126 Live animals and fowl shall be prohibited from food preparation, food storage, and eating areas.

HP125 Animal food supplies shall be kept out of reach of the children.

NU54 There shall be a handwashing sink(s) separate from the sink(s) used for food preparation. Handwashing sinks shall not be used for food preparation.

NU91 Garbage shall be placed in containers inaccessible to children and shall be removed from the kitchen daily. The containers shall be labeled and covered with tight-fitting lids between deposits.

If you use washable napkins and bibs, wash them after every use. Young children should have clean bibs. Bibs should not be shared. If you use tablecloths, keep them clean. **NU101** Some states have rules about whether washable items like tablecloths and placemats can be used and how often they should be washed. Check with your local health department sanitarian or extension agent.

(For more information, see Figure 2.1, "Sample Cleaning Schedule.")

KEEPING THE KITCHEN CLEAN

Keep the food preparation areas separate from the eating, playing, diaper changing, and toileting areas. Keep pets and their food out of the food preparation area. If this is not always possible, keep pets out of the kitchen while you are preparing food. Keep pets away from areas where children are eating. Do not use the food preparation area as a passageway while food is being prepared. **NU50, HP126, HP125**

If possible, have two sinks in the food preparation area—one for handwashing and the other for food preparation. **NU54** NEVER wash your hands when food is in the sink. Wash your hands before you begin preparing food. If you use the kitchen sink to wash your hands, then wash the sink thoroughly with hot, soapy water and rinse it before you start preparing food.

Clean fruits and vegetables and clean the sink before you work with meat and poultry. Never have raw meat or poultry out on the counter or sink near fruits and vegetables, breads, or cooked meats. Always wash hands, utensils, and counter or sink after handling raw meat or any food product.

Keep garbage in containers with disposable liners and tight-fitting lids. Store the containers where children cannot get into them. Remove garbage from the kitchen daily, or more often as needed. **NU91**

FIGURE 2.1 SAMPLE CLEANING SCHEDULE

SAMPLE CLEANING SCHEDULE

TASK	HOW OFTEN?					COMMENTS
	after each use	before & after each use	daily	weekly	as necessary	
RANGE						
Clean grill and grease pans	✔					
Clean burners	✔					
Clean outside			✔			
Wipe out oven				✔		
Clean edges around hood				✔		
Clean hood screening and grease trap				✔		
REFRIGERATOR AND FREEZER						
Defrost freezer and clean shelves					✔	When more than 1/4 inch frost develops or temperature exceeds 0°F
Wipe outside			✔			
Dust top				✔		
Clean inside shelves in order				✔		
MIXER AND CAN OPENER						
Clean mixer base and attachments	✔					
Clean and wipe can opener blade	✔					
WORK SURFACES						
Clean and sanitize		✔				
Organize for neatness			✔			
WALLS AND WINDOWS						
Wipe if splattered or greasy					✔	
Wipe window sills					✔	
Wipe window screens					✔	
SINKS						
Keep clean	✔					
Scrub			✔			
CARTS (IF APPLICABLE)						
Wipe down	✔					
Sanitize			✔			
GARBAGE						
Take out			✔			Or more often as needed
Clean can					✔	
TABLES AND CHAIRS						
Clean and sanitize		✔				
LINENS						
Wash cloth napkins	✔					
Wash tablecloths and placemats	✔ if plastic		✔ if cloth			
Wash dishcloths			✔			
Wash potholders				✔		
STORAGE AREAS						
Wipe shelves, cabinets, and drawers					✔	

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CHAPTER THREE

USING FOODS THAT ARE SAFE TO EAT

Foods that are safe for children to eat are:

- Not likely to cause choking
- Clean and wholesome
- Safely prepared, served, and stored
- Right for their age and development NU71

NU71 All food stored, prepared, or served must be microbiologically, chemically, and physically safe for human consumption.

NU41 Foods that are round, hard, small, thick and sticky, smooth, or slippery shall not be offered to children under 4 years of age. Examples of such foods include hot dogs (whole or sliced into rounds), whole grapes, hard candy, nuts, seeds, raw peas, dried fruit, pretzels, chips, peanuts, popcorn, marshmallows, spoonfuls of peanut butter, and chunks of meat larger than can be swallowed whole.

PROTECTING AGAINST CHOKING

Every 5 days a child in the United States dies from choking on food. The foods that are most commonly choked on are:

- Hot dogs sliced in rounds
- Whole grapes
- Hard candy
- Nuts

PREVENT CHOKING!

Do not serve these foods to children under the age of 4. NU41

Spoonfuls of peanut butter	Hard candy
Mini-marshmallows	Popcorn
Large chunks of meat	Raw peas
Nuts, seeds, peanuts	Whole grapes
Raw carrots *(in rounds)*	Ice cubes
Fish with bones	Raisins
Other dried fruit	Pretzels, chips

Hot dogs *(whole or sliced into rounds)*

CHANGE FOODS TO MAKE THEM SAFE

Some foods can be changed to make them safer for young children. Try these ideas:

FOOD	KIND OF CHANGE
Hot dogs	Cut in quarters lengthwise, then into small pieces
Whole grapes	Cut in half lengthwise
Nuts	Chop finely
Raw carrots	Chop finely or cut into thin strips
Peanut butter	Spread thinly on crackers; mix with applesauce and cinnamon and spread thinly on bread
Fish with bones	Remove the bones

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NU44 The nutrition plan shall include steps to take when problems occur that require rapid response on the part of the staff (e.g., when a child chokes during mealtime). The completed plan shall be on file and accessible to staff.

NU73 Meat shall be from government-inspected sources or otherwise approved by the governing health authority.

NU74 All dairy products shall be pasteurized and Grade A where applicable.

NU75 Raw, unpasteurized milk or milk products shall not be used.

NU76 Dry milk and milk products may be reconstituted in the facility for cooking purposes only, provided they are prepared, refrigerated, and stored in a sanitary manner, labeled with the date of preparation, and used or discarded within 24 hours of preparation.

NU78 Fruits and vegetables shall be washed thoroughly with water prior to use.

Foods like these can cause choking because they are small enough or slippery enough to go down a child's throat before they are chewed. If these foods go down without being chewed, they may block the child's windpipe. It is important for you to take steps to protect children from choking.

Make foods as safe as possible for young children. Every child is different. One child may be able to eat certain foods better than another child of the same age. Observe the children carefully so that you will know the best way to prepare food for each child.

Remember that young children can sometimes choke on foods that are usually safe. Make sure that a care provider is always present when children are eating. This person should know how to perform rescue breathing and what to do if a child chokes. **NU44**

CHOOSING CLEAN, WHOLESOME FOODS

Reduce the risk of food-borne illness by choosing clean, wholesome food.

- ☆ Use meat that has been government-inspected or approved by your local health authority. **NU73**
- ☆ Use pasteurized and Grade A milk products. **NU74**

- ☆ Do not use raw milk or unpasteurized milk products. **NU75**
- ☆ Use dry milk and dry milk products for cooking only. If you reconstitute them before using, be sure to refrigerate them safely. Label milk products with the date they were prepared, and discard them within 24 hours. **NU76** Remember, these products do not meet the Child and Adult Care Food Program milk requirement.
- ☆ The fresh fruits and vegetables that you serve to children should always be cleaned before they are eaten—raw or cooked. Always wash fruits and vegetables thoroughly with water, even if they look clean. **NU78** Washing removes dirt, chemicals, and some bacteria. Using a food brush under running water helps to clean foods.

PROTECTING AGAINST SPOILED FOOD

Even if food looks and tastes good, it may cause a food-borne illness. Be sure to date foods that could spoil. The list below gives you tips on when to discard food.

(See also Figure 3.1, "Food Safety Checklist.")

NU72 Foods shall be inspected daily for spoilage.

NU77 Home-canned food, food from dented, rusted, bulging, or leaking cans, and food from cans without labels shall not be used.

HOW TO TELL IF YOU SHOULD DISCARD FOOD

- Look at the expiration date on unopened containers of food. Do not use food past this date—even if it looks okay.
- Inspect food for spoilage every day. NU72 How does it smell? How does it look? If a food smells spoiled or looks moldy, don't serve it to children, and don't eat it yourself. If food is moldy, throw it all out—don't just take out the moldy part. **Remember, food does not have to look or smell bad to be unsafe.**
- Do not use food in cans that are leaking or have bulges. NU77 These bulges are caused by gas produced by dangerous bacteria inside the can.
- Do not serve home-canned foods. NU77 Bacteria may grow in improperly canned food and cause serious illness.
- Do not use foods in unlabeled cans or packages without labels. NU77
- Do not use food in cans that are dented or rusted, in jars that are cracked or have broken seals, or in packages that are torn. These openings may allow the food to be contaminated. NU77
- Discard refrigerated leftovers within 24 hours.

WHEN IN DOUBT, THROW IT OUT!

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PREPARING AND SERVING FOODS PROPERLY

Preparing food and serving it to children is an important part of your job.

Completely cook meat, fish, poultry, and eggs before serving. Cooking usually kills any harmful bacteria that could cause sickness. To be sure that hamburger is done, cook it until it is brown or gray on the inside. Cook chicken until the juices are clear when a fork or knife is stuck into it. A good way to tell if meat is done is to use a meat thermometer. Cook meat and poultry to 165°F for safety. Cook fish until it is opaque and flakes easily with a fork.

☆

Always use a separate spoon for tasting and cooking.

Use a new spoon for each taste.

Plan ahead to thaw frozen foods in a safe way. Defrost frozen foods in the refrigerator or under cold running water. This will keep them cool enough to slow the growth of bacteria. NEVER defrost frozen foods on the counter or in a bowl of standing water. You may also defrost food as part of the cooking process—or in the microwave if you will cook the food right away. NU79

Keep cold foods cold until you serve them. Serve cold foods as soon as you take them out of the refrigerator—or keep them cool (40°F or below). NU81 Be sure that meat, fish, poultry, milk, and egg products are kept in the refrigerator until you are ready to use them. NU80 Likewise, keep hot foods hot until they are served. Serve hot foods right after they finish cooking—as soon as they are cool enough for children to eat safely—or keep them hot (140°F or above). NU81 Don't leave them out to cool for too long. If foods that can spoil are left out at an unsafe temperature (between 40°F and 140°F) for 4 or more hours, throw them out. NU84

☆

Serve hot foods hot and cold foods cold!!

EGG SAFETY

- Keep eggs refrigerated.
- Do not use cracked eggs.
- Cook eggs until they are firm.
- Serve only fully cooked or pasteurized egg products.
- Do not give raw cookie dough, cake batter, or malta with raw eggs to children.

NU79 Frozen foods shall be defrosted in the refrigerator, under cold running water, as part of the cooking process, or by using the defrost setting of a microwave oven; they shall never be defrosted by leaving them at room temperature or in standing water, as in a pan or bowl.

NU81 Food shall be served promptly after preparation or cooking and/or maintained at temperatures of not less than 140°F for hot foods and not more than 40°F for cold foods.

NU80 Meat, fish, poultry, milk, and egg products shall be refrigerated until immediately before use.

NU84 Unserved food shall be promptly covered for protection from contamination, shall be refrigerated immediately, and shall be used within 24 hours. Perishable foods that have been served and/or otherwise not maintained at safe temperatures for 2 hours or more shall be discarded.

EDITORS' NOTE: Revised time based on U.S. Public Health Service, FDA, *Food Code*, 1995.

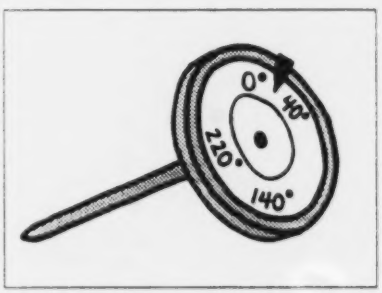
Always serve children food on clean plates or other cleaned and sanitized holders. Do not serve food on a bare table. **NU38** Serve commercially packaged baby food from a clean bowl or cup. **NU20**

NU38 Children's food shall be served on plates or other disinfected holders and shall not be placed on a bare table.

NU20 Commercially packaged baby food shall be served from a bowl or cup and not directly from the commercial container. Solid food shall be fed by spoon only. Uneaten food in dishes shall be discarded.

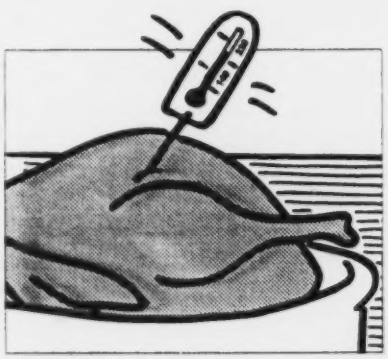
THERMOMETERS

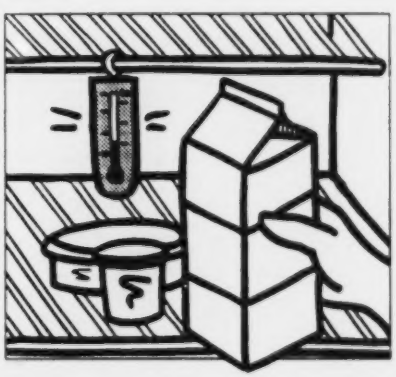
Use thermometers when preparing, serving, and storing food. Keep food at the right temperature to keep it from spoiling and causing illness. You will need three kinds of thermometers:



FOOD THERMOMETER
Use this thermometer (usually called a metal-stem thermometer) to test both hot and cold foods. Be sure that the temperature range on the thermometer is from 0°F to 220°F. Clean and sanitize the stem before each use.

MEAT THERMOMETER
Use this thermometer to be sure meat is cooked completely.





APPLIANCE THERMOMETER
Use this type of thermometer in both the refrigerator and the freezer. Your refrigerator should always be 40°F or below. Your freezer should always be 0°F or below. You can buy these types of thermometers at a grocery store, variety store, hardware store, or restaurant supplier.

NU85 All opened and spoilable potentially hazardous foods shall be dated, covered, and maintained at a temperature of 40°F or lower in the refrigerator or 0°F or lower in the freezer.

NU57 Refrigerators shall be used that maintain temperatures of 40°F or less in all parts of the food storage areas, and freezers shall maintain temperatures of 0°F or less in food storage areas.

NU58 Thermometers shall be provided in all refrigerators, freezers, ovens, and cold and hot food holding areas. Thermometers shall be clearly visible, easy to read, and accurate, and shall be kept in working condition and regularly checked.

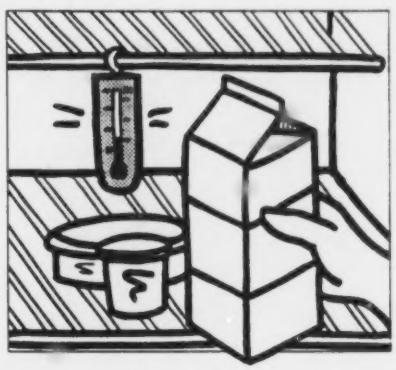
NU86 All food stored in the refrigerator shall be covered, wrapped, or otherwise protected from contamination.

NU84 Unserved food shall be promptly covered for protection from contamination, shall be refrigerated immediately, and shall be used within 24 hours. Perishable foods that have been served and/or otherwise not maintained at safe temperatures for 2 hours or more shall be discarded.
EDITORS' NOTE: Revised time for safe temperatures based on U.S. Public Health Service, FDA, *Food Code*, 1995.

NU87 In the refrigerator, raw foods shall be stored below cooked or ready-to-eat foods.

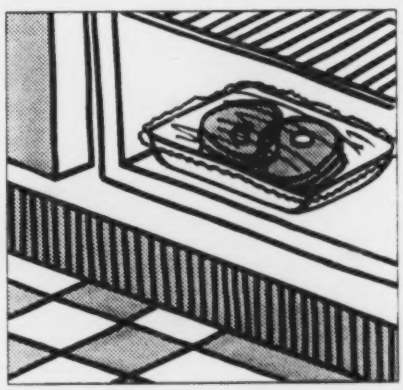
STORING FOOD SAFELY

Store food safely before and after you cook it. Cover the food, date it, and keep it at the right temperature. NU85 Keep an appliance thermometer in the refrigerator to be sure all parts of the food storage area are 40°F or below. Keep your refrigerator as cold as possible without freezing milk or lettuce. Make sure the freezer is at 0°F or below. NU57 Check the thermometer at least once a month to be sure it is working, accurate, and visible. NU58 You can check the thermometer by placing it in ice water. It should read 32°F.



Here are some tips for storing food in the refrigerator:

- Cover or wrap all foods to protect them from contamination. NU86
- Serve cooked foods stored in the refrigerator within 24 hours. NU84
- Store meat, poultry, fish, eggs, dairy products, and foods containing these in the coldest part of the refrigerator (usually toward the back).
- Store raw foods on shelves below cooked or ready-to-eat foods to avoid contamination from drippings. NU87
- Store raw meat, poultry, and seafood in large dishes to catch drippings.



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- Store unused baby food in the original jar with a tight lid. A good idea is to serve half of it for breakfast or the morning snack, and use the other half for lunch. Discard what is left at the end of the day.

Here are some tips for storing dry foods safely:

- Store foods at least 6 inches above the floor in a clean, dry, well-ventilated storeroom. NU89
- Use a fan in the storeroom to improve air circulation and reduce spoilage.
- Store dry ingredients (rice, sugar, etc.) in containers that have tight-fitting lids and have no holes. This helps keep insects and rodents out. NU89
- Be sure that you can and do clean around the stored foods. NU89
- When you restock dry or canned foods, use the "First In, First Out" rule. Write the purchase date on the new foods and move them to the back of the storage area. Move the older foods to the front so that they will be used first.

NU89 Foods not requiring refrigeration shall be stored at least 6 inches above the floor in clean, dry, well-ventilated storerooms or other approved areas. Storage shall facilitate cleaning. Food products shall be stored in such a way (e.g., in nonporous containers off the floor) as to prevent insects and rodents from entering the product.

IF THE POWER GOES OUT . . .

WHAT SHOULD YOU DO WITH FOOD IN THE REFRIGERATOR AND FREEZER?

- Keep the door to both the refrigerator and the freezer closed as much as possible to help food last longer.
- Don't remove food unless you know the power will be off more than 4 hours. A full, working freezer should keep food frozen for about 2 days. A half-full freezer will keep everything frozen for about 1 day. The refrigerator section will keep food cool for 4–6 hours, depending on the temperature of the kitchen.
- Keep an appliance thermometer in the freezer. If the freezer is 40°F or colder when the power returns, all the food is safe.
- You can refreeze any frozen food that contains ice crystals.
- Do not refreeze any food that has completely thawed unless you cook it first. It is safe to cook food that has thawed as long as it did not warm to above 40°F.
- Throw out any thawed food that has risen to a temperature of 40°F or more and remained there 4 or more hours. Immediately discard any food with a strange color or odor.

(For information about storing specific foods, see Figure 2.3, "Food Storage Chart.")

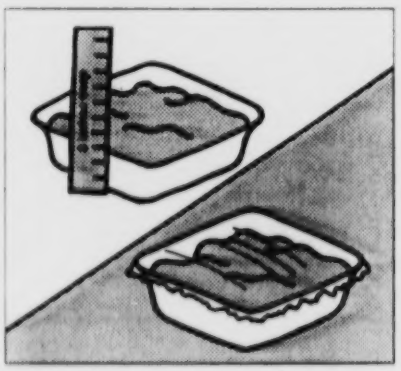
NU84 Unserved food shall be promptly covered for protection from contamination, shall be refrigerated immediately, and shall be used within 24 hours. Perishable foods that have been served and/or otherwise not maintained at safe temperatures for 2 hours or more shall be discarded.
EDITORS NOTE: Revised time for safe temperatures based on U.S. Public Health Service, FDA, *Food Code*, 1995.

NU86 All food stored in the refrigerator shall be covered, wrapped, or otherwise protected from contamination.

NU83 Food returned from individual plates and family-style serving bowls and potentially hazardous food that is not refrigerated shall be discarded.

NU20 Commercially packaged baby food shall be served from a bowl or cup and not directly from the commercial container. Solid food shall be fed by spoon only. Uneaten food in dishes shall be discarded.

STORING LEFTOVERS



Did you cook more food than you needed? Cover and refrigerate or freeze any extra food right away if it has not been served. **NU84** NEVER leave cooked food on a counter or in an oven that has been turned off and is cooling down. These places provide ideal conditions for bacteria to grow. *Cool foods quickly in the refrigerator*—divide large amounts of food into smaller portions and refrigerate them in shallow pans (less than 3 inches deep). Cover foods when they are cool. **NU86**

Discarding food

Throw out all potentially hazardous food returned from the dining table, including food from family-style serving bowls and food returned from individual plates. You may save bread and other foods that don't spoil if you serve them in a way that prevents contamination. **NU83** For example, cut bread in half or quarters so that a child can take less. The leftover bread can be used for bread crumbs, pudding, etc.

Discard any baby food left in dishes. Never put food from the dish back into the original container. This will help keep harmful germs from getting into the rest of the food. **NU20**

Reheating food

When reheating, bring liquids such as gravy, soup, or sauce to a boil. Heat other leftovers to 165°F. Reheat and reuse leftovers only one time. If they are not all eaten the second time, throw them out.

STORING OTHER ITEMS PROPERLY

Storing cleaning products

Store cleaning products carefully. Use one cabinet for storing them and other poisonous materials. A locked cabinet, out of children's reach, is best for storage. NEVER store food with cleaning products. **NU92, NU93**

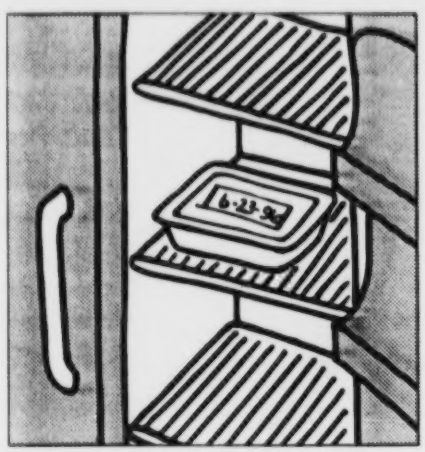
Storing medications

Label medications clearly with the child's name. Store medications away from food and at the proper temperature. Keep them out of the children's reach. **NU94, HP85** If medications need to be refrigerated, put them in a covered leak-proof container that is identified as a container for the storage of medication. This will help keep the medication from spilling onto food.

FOOD BROUGHT FROM HOME

If parents bring breast milk, formula, or other food from home, store it properly. Label it with the child's name and the date. Protect all foods from contamination. Put foods that can spoil in the refrigerator or freezer immediately. Don't share food brought from home for one child with other children. **NU47, NU48**

Write a policy about bringing food from home. Policy must be dated. Be sure every parent gets a copy and understands why you have this policy. Keep written agreements about bringing food from home on file. **NU47**



NU92 When cleaning agents cannot be stored separately and must be stored in the same room with food, these supplies shall be clearly labeled and kept separated from food items in separate cabinets that are inaccessible to children.

NU93 Poisonous or toxic materials shall be stored in an area separate from the food storage area and shall be inaccessible to children.

NU94 Medications requiring refrigeration shall be stored as specified in Medications.

HP85 All medications, refrigerated or unrefrigerated, shall have child-protective caps, shall be kept in an orderly fashion, shall be stored away from food at the proper temperature, and shall be inaccessible to children. Medication shall not be used beyond the date of expiration.

NU47 Meals may be provided by the parent or legal guardian upon written agreement between the parent and the staff.

Lunches and supplements (snacks) provided by the parent or legal guardian shall not be shared with other children. Potentially hazardous and perishable foods shall be refrigerated properly (as specified in Food Safety) and all foods shall be protected against contamination.

NU48 Food brought into the facility shall have a label showing the child's name, the date, and the type of food.

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NU49 The facility shall inform the parents of the nutritional requirements established by the facility and suggest ways to meet them. The facility shall have food available to supplement a child's food brought from home if it is deficient in meeting the child's nutrient requirements. If the food provided by the parent consistently does not meet the nutritional or food safety requirements, the facility shall provide the food or refer the parent for consultation to a child care nutrition specialist or to the child's primary source of health care.

NU48 Food brought into the facility shall have a label showing the child's name, the date, and the type of food.

SAMPLE POLICIES

SOME FAMILY CHILD CARE HOME PROVIDERS ALLOW:

- Food to be brought from home only on special occasions, such as birthdays, holidays, etc.
- Food to be brought from home if it meets certain guidelines. For example, it must be store bought and in its original package, and there must be enough for all the children.
- Food to be brought from home for special events such as a "lunch box day" on Fridays. Parents are given the requirements for the lunch meal, and all the children bring a lunch from home.

If an agreement has been made with the parents to allow them to send food from home:

- Use your menus as a guide for helping parents understand how to meet their child's daily food needs. **NU49**
- Ask the parents to send foods that meet any requirements (such as Child and Adult Care Food Program) for meals the child will eat while in your care. **NU49**
- Ask the parents to wrap and label the food that is brought from home. It should have the child's name, the date, and the type of food. **NU48**
- If the food sent from home often does not meet the child's needs, have other food available for the child to eat. Refer the parents to a child care nutrition specialist or the child's primary care provider for help. **NU49**

Some providers never allow children to bring food from home. They find it safer and easier to provide any special foods the children need.

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PREPARED FOOD PURCHASED FROM OUTSIDE SOURCE

If you buy prepared food from an outside source, such as a deli or other food company, make sure that the source is approved and inspected by the local health authority. **NU102** Serve only prepared food that has been transported promptly in clean, covered containers maintained at the proper temperature. Hot foods should stay at 140°F or higher and cold foods should stay at 40°F or less. **NU103** Use a food thermometer to check the temperature of foods as soon as they arrive. Reject foods that have not been kept at safe temperatures.

NU102 Food provided by a central kitchen or vendor to off-site locations shall be obtained from sources approved and inspected by the local health authority.

NU103 After preparation, food shall be transported promptly in clean, covered, and temperature-controlled containers. Hot potentially hazardous foods shall be maintained at temperatures of not less than 140°F, and cold potentially hazardous foods shall be maintained at temperatures of 40°F or less until the food is served.

LEARNING TO WORK WITH FOOD SAFELY

In a family child care home, you are responsible for feeding the children in your care. If others work with you and prepare food, they will need training about food safety and the importance of foods to the health of young children. **ST52** Go to one of these local resources for help: your licensing agency or resource and referral agency, a child care nutrition specialist, a nutritionist at the local health department, a nutritionist working in the Special Supplemental Nutrition Program for Women, Infants and Children (WIC), the Cooperative Extension Service, or a registered dietitian (e.g., at a local hospital). Whenever you have a question or problem, try to use the same person for consistency and continuity.

ST52 All staff members with food-handling responsibilities shall be trained in proper food handling.

For the safety of the children, pay attention to your own illnesses and injuries, and those of anyone who works with food. Caregivers and helpers should not prepare food if:

- They have signs or symptoms of illness, including fever, sore throat with fever, jaundice, vomiting, diarrhea, and infectious skin sores that cannot be covered.
- They are possibly or definitely infected with bacteria or viruses that can be carried in food.
- They have open or infected injuries that are not covered with an impermeable cover (e.g., finger cot) and a latex glove. **NU69**

NU69 No one who has signs or symptoms of illness, including vomiting, diarrhea, and infectious skin sores that cannot be covered, or who is potentially or actually infected with bacteria or viruses that can be carried in food, shall be responsible for food handling. No one with open or infected injuries shall work in the food preparation area unless the injuries are covered with nonporous (e.g., latex) gloves.

Ask your local health department about getting a food manager's (or food handler's) card for anyone who works with food.

FIGURE 3.1

FOOD SAFETY CHECKLIST

SHOPPING

- ☐ Check the expiration date on all packaged foods.
- ☐ Do not buy any food in damaged wrappers, dented cans, or broken packages.
- ☐ Make sure that frozen foods are frozen solid before buying them. (Check to see if outside of package is discolored.)
- ☐ Buy only pasteurized apple cider.

STORING RAW PERISHABLE FOODS

- ☐ Store potentially hazardous food in the refrigerator or freezer immediately.
- ☐ Place raw meat, poultry, or seafood below ready-to-eat foods in the refrigerator so that the juices don't get onto the ready-to-eat foods.
- ☐ Keep a working thermometer in both the refrigerator and the freezer.
- ☐ Check each day to make sure the refrigerator thermometer is at 40°F and the freezer thermometer is at 0°F.

HAND WASHING

- ☐ Wash hands thoroughly with warm, soapy water before beginning to cook.

COOKING

- ☐ Plan ahead to thaw frozen meats in the refrigerator, in a cold running water bath, or as a part of cooking instead of on the counter.
- ☐ Use a meat thermometer to be sure meats were cooked thoroughly.
- ☐ Inspect packaged foods carefully to make sure the can or wrapper was not damaged.
- ☐ Wash fresh vegetables and fruits with water before serving or cooking.
- ☐ Cook everything thoroughly, especially meat, poultry, seafood, and eggs.

SERVING

- ☐ Keep hot foods hot (140°F or above) and cold foods cold (40°F or below) until they are served.
- ☐ Check the temperature of foods using a thermometer.
- ☐ Cut foods to the right size for the children.
- ☐ Spread peanut butter thinly.
- ☐ Take the seeds out of fruit and the bones out of fish.

STORING LEFTOVERS

- ☐ Cool leftovers quickly in shallow pans.
- ☐ Refrigerate or freeze leftovers immediately.

FIGURE 3.2

FOOD STORAGE CHART

This chart has information about keeping foods safely in the refrigerator or freezer. It does not include foods that can be stored safely in the cupboard or on the shelves—where quality may be more of an issue than safety.

FOOD	IN REFRIGERATOR	IN FREEZER
EGGS		
Fresh, in shell	3 weeks	Don't freeze
Raw yolks, whites	2–4 days	1 year
Hardcooked	1 week	Don't freeze
Liquid pasteurized eggs or egg substitutes, opened	3 days	Don't freeze
unopened	10 days	1 year
MAYONNAISE		
Commercial, refrigerate after opening	2 months	Don't freeze
TV DINNERS, FROZEN CASSEROLES		
Keep frozen until ready to heat and serve		3–4 months
DELI AND VACUUM-PACKED PRODUCTS		
Store-prepared or homemade egg, chicken, tuna, ham, macaroni salads	3–4 days	Don't freeze
Pre-stuffed pork and lamb chops, stuffed chicken breasts	1 day	Don't freeze
Store-cooked convenience meals	1–2 days	Don't freeze
Commercial brand vacuum-packed dinners with USDA seal	2 weeks, unopened	Don't freeze
HAMBURGER, GROUND, AND STEW MEATS		
Hamburger and stew meats	1–2 days	3–4 months
Ground turkey, chicken, veal, pork, lamb, and mixtures of them	1–2 days	3–4 months

CONTINUED ON NEXT PAGE

FIGURE 3.2 (CONTINUED)

FOOD STORAGE CHART (CONTINUED)

FOOD	IN REFRIGERATOR	IN FREEZER
HOTDOGS AND LUNCH MEATS*		
Hotdogs, opened package	1 week	
unopened package	2 weeks	In freezer wrap, 1–2 months
Lunch meats, opened	3–5 days	
unopened	2 weeks	In freezer wrap, 1–2 months
Deli sliced ham, turkey, lunch meats	2–3 days	1–2 months
BACON AND SAUSAGE		
Bacon	1 week	1 month
Sausage, raw from pork, beef, turkey	1–2 days	1–2 months
Smoked breakfast links or patties	1 week	1–2 months
Hard Sausage–pepperoni, jerky sticks	2–3 weeks	1–2 months
HAM		
Canned, unopened, label says keep refrigerated	6–9 months	Don't freeze
Fully cooked—whole	7 days	1–2 months
Fully cooked—half	3–5 days	1–2 months
Fully cooked—slices	3–4 days	1–2 months
FRESH MEAT		
Steaks, beef	3–5 days	6–12 months
Chops, pork	3–5 days	4–6 months
Chops, lamb	3–5 days	6–9 months
Roasts, beef	3–5 days	6–12 months
Roasts, lamb	3–5 days	6–9 months
Roasts, pork and veal	3–5 days	4–6 months
FRESH POULTRY		
Chicken or turkey, whole	1–2 days	1 year
Chicken or turkey pieces	1–2 days	9 months
Giblets	1–2 days	3–4 months
FRESH SEAFOOD		
Fish and shellfish	2 days	2–4 months

*Uncooked salami is not recommended because recent studies have found that the processing does not always kill the E. coli bacteria. Look for the label to say "Fully Cooked."

CHAPTER FOUR

PLANNING TO MEET THE CHILDREN'S FOOD NEEDS

With careful planning, you can meet the food needs of the children in your care. The meals and snacks you prepare and serve should meet the requirements for the U.S. Department of Agriculture Child and Adult Care Food Program. NU2 Some people call this "the Food Program."

Planning menus for children of different ages may be easier than you think. The CACFP meal patterns use the same food groups for children of all ages older than 1 year. The amount of food, the texture, and the size of the pieces may be different. How much you serve and the way you serve it depend on the child's age, growth, and development.

(For a "Menu Planning Checklist," see Figure 4.1.)

GROWTH AND DEVELOPMENT

The food needs of children are related to their growth and development. This means more than just how long or tall the child is or how much the child weighs. It also has to do with what skills the child has or can learn. Think about the many differences between a newborn infant, a toddler, and a 5 year old. These differences affect the foods a child can eat and needs to eat—and the way a child should be fed. Within age groups, each child develops skills at a different rate.

Growth

Children need food to grow, and children who are growing fast need more food than usual. Between growth spurts, they are less hungry. Children over the age of 6 months need foods from the five food groups to keep them healthy and growing. No one food can provide all the nutrients these young children need. Serve a variety of foods to children so that they get all the nutrients they need.

Plan your day so that infants are fed when hungry and young children are fed every 2 to 3 hours. Because they have small stomachs, children need many chances during the day to meet their food needs. Serve meals and snacks on a regular schedule so that the children learn what to expect. (See Figure 4.3, "Sample Meal and Snack Schedule.") NU3

NU2 All meals and supplements (snacks) and their preparation, service, and storage shall meet the requirements for meals of the child care component of the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) and the Code of Federal Regulations (CFR) Part 226.20.

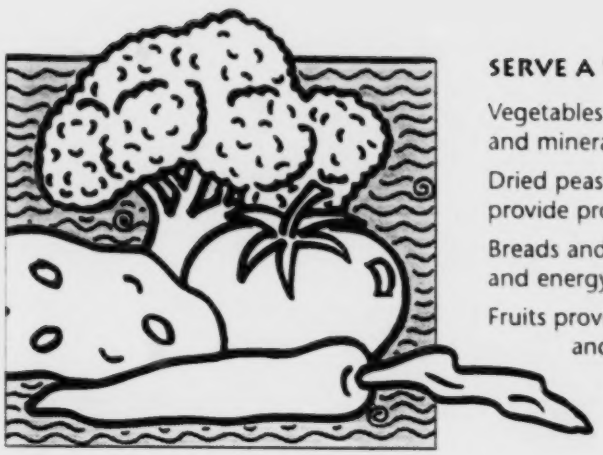
NU3 The facility shall ensure that:

a) Children in care for 8 hours or less shall be offered at least one meal and two supplements (snacks) or two meals and one supplement (snack).

b) Children in care for 9 hours or more shall be offered at least two meals and two supplements (snacks) or three supplements (snacks) and one meal. **EDITORS' NOTE:** USDA CACSP regulations have been revised as follows, Children in center care for 8 or more hours can be served an additional reimbursable meal or supplement (snack)—a maximum of three meals and one supplement (snack) or two meals and two supplements (snacks).

c) A nutritious supplement (snack) shall be offered to all children in midmorning and in midafternoon.

d) Children shall be offered food at intervals not less than 2 hours and not more than 3 hours apart unless the child is asleep.



SERVE A VARIETY OF FOODS TO CHILDREN

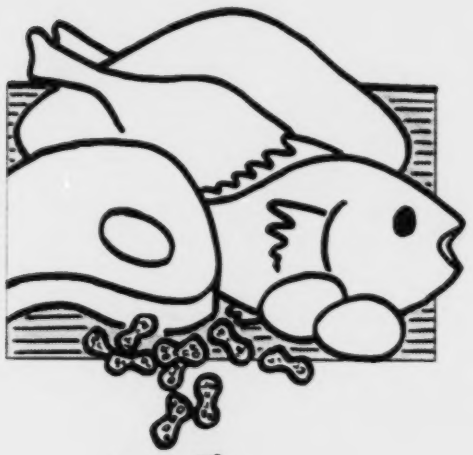
Vegetables provide vitamins A and C, folic acid, and minerals.

Dried peas and beans, meat, fish, and poultry provide protein, iron, and zinc.

Breads and cereals provide B vitamins, fiber, and energy from carbohydrates.

Fruits provide vitamins A and C, folic acid, and minerals.

Dairy products provide protein and calcium.



Young children will not eat the same way or amount every day or at every meal. As long as the child is healthy and growing, don't be concerned about this.

Be sure to serve nutritious snacks that will help children meet their food needs for the day. Don't serve sticky snacks or snacks with a lot of sugar in them. Serve 100 percent fruit juice—not juice drinks. NU5 Offer water to children after snacks to remove food particles that might contribute to cavities if they cannot brush their teeth. HP12 Children should always have access to drinking water, either from a fountain or from single-service cups. FA172 (For a list of snack ideas, see Figure 4.2.)

You are responsible for buying, preparing, and serving food. The child is responsible for what she eats and how much she eats. Healthy children will eat what they need. Do not force a child to eat specific foods or clean his plate.

For all children over the age of 6 months, serve at least one portion of a fruit, vegetable, or juice high in vitamin C each day. Serve a food high in vitamin A at least three times a week. Serve foods that are good sources of iron every day. NU4 (For more information, see Figure 4.4, "Very Good Sources.")

Development

Food experiences help meet various needs during infancy and early childhood. For example, infants need to be held, need to suck, and need to learn trust and security. As they get older, they need to develop independence and social skills.

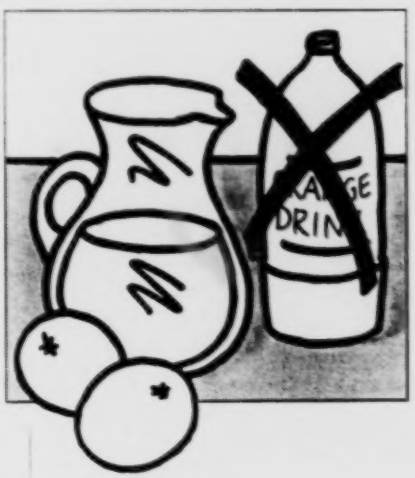
If there is disagreement between a standard and a parent's or health care provider's instructions, the written instructions from the child's parent or health care provider should be followed.

Food experiences also help develop motor skills and dexterity in infancy and childhood. Foods can help teach children about counting, sorting, measuring, colors, shapes, textures, temperatures, odors, and tastes.

The rest of this chapter looks at what to feed children of different ages.

NU5 Supplements (snacks) that have a high sugar content or that are sticky (e.g., raisins) shall be avoided. Only full-strength (100 percent) fruit juice shall be served.

HP12 The cavity-causing effect of frequent exposure to food shall be counterbalanced by offering the children drinking water after snacks when brushing is not possible.



FA172 Drinking water, dispensed in drinking fountains or by single-service cups, shall be accessible to children while indoors and outdoors.

NU4 A minimum of one serving of a fruit, vegetable, or juice high in vitamin C must be provided daily, and a food high in vitamin A must be served at least three times a week. Foods that are good sources of iron shall be served daily.

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INFANTS (0–11 MONTHS)

Infants change a great deal within the first year of life. Their food needs also change a lot. Always ask the infant's parents or health care provider for written instructions about what the infant should eat. Requirements for the CACFP can be found in the chart below. NUB

CACFP REQUIREMENTS FOR INFANTS

BIRTH–3 MONTHS

COMPONENTS		QUANTITY
BREAKFAST	Infant formula (iron fortified) **or** breast milk*	4–6 fluid ounces
SUPPLEMENT (SNACK)	Infant formula (iron fortified) **or** breast milk*	4–6 fluid ounces
LUNCH OR SUPPER	Infant formula (iron fortified) **or** breast milk*	4–6 fluid ounces

4 MONTHS–7 MONTHS

COMPONENTS		QUANTITY
BREAKFAST	Infant formula (iron fortified) **or** breast milk**	4–8 fluid ounces
	Infant cereal (iron fortified, dry) (optional)	0–3 tablespoons
SUPPLEMENT (SNACK)	Infant formula (iron fortified) **or** breast milk*	4–6 fluid ounces
LUNCH OR SUPPER	Infant formula (iron fortified) **or** breast milk**	4–8 fluid ounces
	Infant cereal (iron fortified, dry) (optional)	0–3 tablespoons
	Fruit **and/or** vegetable (optional)	0–3 tablespoons

8 MONTHS–11 MONTHS

COMPONENTS		QUANTITY
BREAKFAST	Infant formula (iron fortified) **or** breast milk*** **or** whole milk	6–8 fluid ounces
	Infant cereal (iron fortified, dry)	2–4 tablespoons
	Fruit **and/or** vegetable	1–4 tablespoons
SUPPLEMENT	Infant formula (iron fortified) **or** breast milk*** **or** Whole milk **or** full-strength fruit juice	2–4 fluid ounces
	Bread **or**	0–1/2 slice
	Crackers (optional)	0–2 crackers
LUNCH OR SUPPER	Infant formula (iron fortified) **or** breast milk*** **or** whole milk	6–8 fluid ounces
	Infant cereal (iron fortified, dry) **and/or**	2–4 tablespoons
	Meat, fish, poultry, egg yolk **or**	1–4 tablespoons
	Cooked dry beans or peas **or**	1–4 tablespoons
	Cheese **or**	1/2–2 ounces
	Cottage cheese, cheese food, cheese spread	1–4 ounces
	Fruit **and/or** vegetable	1–4 tablespoons

* Not reimbursable, but strongly encouraged.

** Reimbursable when optional component(s) is served.

*** Reimbursable when the other components are served.

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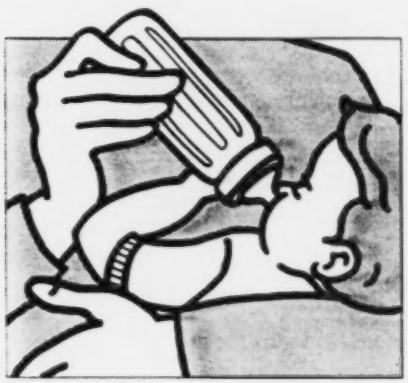
Younger infants (0–4 months)

Breast milk is the best source of nutrition for infants. Let mothers know that you are willing to care for breastfed babies and will help them continue breastfeeding. Infants who are on breast milk may need to eat more often than infants on formula. This is natural because of the differences in the two milks.



Correct way to hold infant while bottlefeeding

Breast milk or iron-fortified formula is all that most infants need until they are 4–6 months old. Feed infants whenever they are hungry unless you have other written instructions from the parents. **NU10** For both closeness and safety, always hold infants who cannot sit up while they are nursing from a bottle. **NU11** For information about the proper preparation of formula, the proper storage of breast milk and formula, and the proper cleaning of bottles, see the section at the end of the chapter called Safe Bottle Feeding.

Older infants (5–11 months)

When the infant is 5–6 months of age, talk with the parents about introducing solid foods if they have not brought it up earlier. The introduction of solids should begin between 4 and 6 months of age and depends on the infant's readiness for solid foods. **NU9** Some signs that show an infant is ready are:

- Infant sits with support.
- Infant holds head steady and opens mouth when spoon approaches.
- Infant's tongue does not thrust out when the spoon is placed in his mouth.
- Infant swallows easily without choking or gagging.

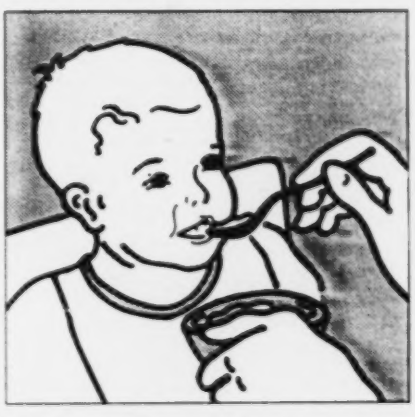
Feed infants baby foods by spoon only. This teaches the infant the right way to eat solid foods. Do not use a bottle or an infant feeder for solid foods. This might cause the infant to choke. **NU20** When the infant is able to sit up, encourage him to

NU8 Meals and supplements (snacks) provided by the facility for infants shall contain at a minimum the food components shown in Appendix J [of *National Health and Safety Performance Standards*]. Food shall be appropriate for infants' individual nutrition requirements and developmental stages as determined by written instructions obtained from the child's parent or health care provider.

NU10 Infants shall be fed on demand unless the parent provides written instructions otherwise.

NU11 Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottle feeding. Bottle propping and carrying of bottles by young children throughout the day and/or night shall not be permitted.

NU9 The introduction of solid foods shall be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with the



parents. Modification of basic food patterns shall be provided in writing by the child's health care provider.

NU20 Commercially packaged baby food shall be served from a bowl or cup and not directly from the commercial container. Solid food shall be fed by spoon only. Uneaten food in dishes shall be discarded.

NU42 For infants, foods shall be cut up in small pieces no larger than 1/4 inch cubes.

NU23 Toddlers shall be encouraged to hold and drink from a cup, to use a spoon, and to use their fingers for self-feeding.

NU43 For toddlers, foods shall be cut up in small pieces no larger than 1/2 inch cubes.

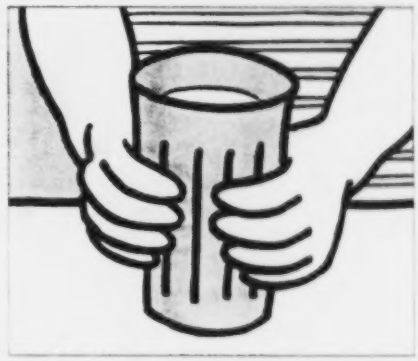
NU22 Toddlers and preschoolers shall be served small-sized portions and permitted to have one or more additional servings to meet the needs of the individual child.

NU19 Only whole, pasteurized milk shall be served to children younger than 24 months of age who are not on formula or breast milk. Skim milk, reconstituted nonfat dry milk, and milk containing 1 percent or 2 percent butterfat shall not be used for drinking purposes by any child less than 24 months of age, except with the written direction of a parent and the child's health care provider.

NU21 Meals and supplements (snacks) provided by the facility for toddlers and preschoolers shall contain at a minimum the food components shown for these age groups in Appendix K [of *National Health and Safety Performance Standards*].

begin to drink from a small plastic glass using two hands. The American Academy of Pediatrics recommends not offering cow's milk and evaporated milk formulas in the first 12 months of life.

Finger feeding helps infants learn many things—textures, hand-to-mouth coordination, and how to grasp and release objects. When the infant is able to pick up food and put it in his mouth, let him. Serve soft table foods cut into small pieces no larger than 1/4-inch cube. **NU42**



Pay attention to signs that the infant is hungry or full. Feed him when he opens his mouth and leans forward. When he turns away or does not open his mouth, do not force him to eat.

TODDLERS (1–2 YEARS)

Toddlers need to expand the variety of foods they began eating in infancy. Encourage them to finger feed and learn to use a spoon and glass. **NU23** Serve soft table foods cut into small pieces no larger than 1/2-inch cube. **NU43**

At this age, children do not grow as quickly as they did during the first year of life. As a result, their appetites decrease. Serve toddlers small amounts. If they finish that food and are still hungry, give them more. **NU22** Be realistic about the amount that toddlers eat. The serving size will be about 1/4 of an adult's serving. A good guideline is to serve 1 tablespoon of each food for every year of age. Large servings can overwhelm a small child so that he will eat very little. Don't let young children drink so much milk that they do not eat.

Give 1- to 2-year-old children whole, pasteurized milk to drink if they are not on breast milk or formula. Do not use low-fat, skim, or reconstituted nonfat dry milk unless you have written instructions from the child's parent *and* the child's health care provider. **NU19**

Look at the chart on pages 33 and 34 for the food requirements for toddlers. **NU21**

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CACFP REQUIREMENTS FOR CHILDREN AGES 1 THROUGH 12

BREAKFAST MEAL PATTERN

COMPONENTS	AGES 1–2	AGES 3–5	AGES 6–12
Milk			
Milk fluid	1/2 cup	3/4 cup	1 cup
Vegetables and Fruits			
Vegetable(s) **and/or** fruit(s) **or**	1/4 cup	1/2 cup	1/2 cup
Full-strength fruit or vegetable juice **or**	1/4 cup	1/2 cup	1/2 cup
An equivalent quantity of any combination of the above			
Bread and Bread Alternates			
Bread **or**	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. **or**	1/2 serving	1/2 serving	1 serving
Cold dry cereal **or**	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Cooked cereal **or**	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products **or**	1/4 cup	1/4 cup	1/2 cup
Cooked cereal grains **or**	1/4 cup	1/4 cup	1/2 cup
An equivalent quantity of any combination of bread and bread alternates			

SUPPLEMENT (SNACK) MEAL PATTERN

COMPONENTS	AGES 1–2	AGES 3–5	AGES 6–12
Milk			
Milk fluid	1/2 cup	1/2 cup	1 cup
Vegetables and Fruits			
Vegetable(s) **and/or** fruit(s) **or**	1/2 cup	1/2 cup	3/4 cup
Full-strength fruit or vegetable juice **or**	1/2 cup	1/2 cup	3/4 cup
An equivalent quantity of any combination of the above (juice may not be served when milk is the only other component)			
Bread and Bread Alternates			
Bread **or**	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. **or**	1/2 serving	1/2 serving	1 serving
Cold dry cereal **or**	1/4 cup or 1/3 oz.	1/3 cup or 1/2 oz.	3/4 cup or 1 oz.
Cooked cereal **or**	1/4 cup	1/4 cup	1/2 cup
Cooked pasta or noodle products **or**	1/4 cup	1/4 cup	1/2 cup
Cooked cereal grains **or**	1/4 cup	1/4 cup	1/2 cup
An equivalent quantity of any combination of bread and bread alternates			
Meat and Meat Alternates			
Lean meat or poultry or fish **or**	1/2 oz.	1/2 oz.	1 oz.
Cheese **or**	1/2 oz.	1/2 oz.	1 oz.
Eggs **or**	1/2 egg	1/2 egg	1 egg
Cooked dry beans or peas **or**	1/8 cup	1/8 cup	1/4 cup
Peanut butter or soynut butter or Other nut or seed butters **or**	1 tbsp.	1 tbsp.	2 tbsp.
Peanuts or soynuts or tree nuts or seeds **or**	1/2 oz.	1/2 oz.	1 oz.
Yogurt, plain or sweetened and flavored **or**	2 oz. or 1/4 cup	2 oz. or 1/4 cup	4 oz. or 1/2 cup
An equivalent quantity of any combination of the above meat and meat alternates			

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CACFP REQUIREMENTS FOR CHILDREN AGES 1 THROUGH 12 (CONTINUED)

LUNCH OR SUPPER MEAL PATTERN

COMPONENTS	AGES 1–2	AGES 3–5	AGES 6–12
Milk			
Milk fluid	1/2 cup	1/2 cup	1 cup
Vegetables and Fruits			
Vegetable(s) **and/or** fruit(s) **or**	1/4 cup total	1/2 cup total	3/4 cup total
Bread and Bread Alternates			
Bread **or**	1/2 slice	1/2 slice	1 slice
Cornbread, biscuits, rolls, muffins, etc. **or**	1/2 serving	1/2 serving	1 serving
Cooked pasta or noodle products **or**	1/4 cup	1/4 cup	1/2 cup
Cooked cereal grains **or**	1/4 cup	1/4 cup	1/2 cup
An equivalent quantity of any combination of bread and bread alternates			
Meat and Meat Alternates			
Lean meat or poultry or fish **or**	1 oz.	1 1/2 oz.	2 oz.
Cheese **or**	1 oz.	1 1/2 oz.	2 oz.
Eggs **or**	1 egg	1 egg	1 egg
Cooked dry beans or peas **or**	1/4 cup	3/8 cup	1/2 cup
Peanut butter or soynut butter or			
Other nut or seed butters **or**	2 tbsp.	3 tbsp.	4 tbsp.
Peanuts or soynuts or tree nuts or seeds **or**	1/2 oz. = 50%	1/2 oz. = 50%	1 oz. = 50%
Yogurt, plain or sweetened and flavored **or**	1/2 oz.	1/2 oz.	1 oz.
An equivalent quantity of any combination of the above meat and meat alternates			

NU21 Meals and supplements (snacks) provided by the facility for toddlers and preschoolers shall contain at a minimum the food components shown for these age groups in Appendix K [of *National Health and Safety Performance Standards*].

PRESCHOOLERS (3–5 YEARS)

As they try to develop their own skills, children at this age imitate adults. If you want the children in your care to eat their vegetables, eat yours and enjoy them. If a child refuses to eat vegetables, offer the child fruits that contain many of the same vitamins and minerals. Keep serving foods that are not accepted at first. Prepare them in different ways and try again (e.g., raw fruits and vegetables instead of cooked).

Set limits for the children and help them learn good behavior at the table. Teach them polite ways to refuse foods. An adult caregiver should sit with toddlers and preschoolers and eat the same foods. This adult can encourage conversation and give help when it is needed.

Look at the chart on pages 33 and 34 for the food requirements for preschoolers. **NU21** The American Academy of Pediatrics recommends low-fat milk (i.e., skim, 1% fat, or 2% fat) for children age 2 and older.

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SCHOOL-AGE CHILDREN (6+ YEARS)

Older children grow steadily and have a natural increase in appetite. Children at this age learn about where food comes from and how it is prepared. Most enjoy helping to prepare food. This is especially useful with new foods—children are more likely to eat foods they have helped prepare.

If a child stays with you for at least 2 hours after school, offer him a snack. If he stays with you longer than that, you may also need to offer him another snack or a meal. **NU24** (See Figure 4.3, "Sample Meal and Snack Schedule.")

Look at the chart on pages 33 and 34 for the food requirements for school-age children. **NU24**

CHILDREN WITH SPECIAL HEALTH NEEDS

Children may have special needs because of food allergies, diabetes mellitus, developmental disabilities, swallowing problems, lack of coordination, and many other conditions. Plan meals carefully for children who have special needs. **CSN61**

Make your plans before the child is placed in your care.

- Work with parents to obtain a written history of his special nutrition or feeding needs, and write a plan for meeting these needs. **CSN62**
- Review this history and care plan with a child care nutrition specialist or a consulting registered nurse. **CSN62**
- Use the history to develop an individual food plan and menus. Obtain help from a nutrition specialist, and, when needed, a registered nurse, a speech therapist, an occupational therapist, and/or a physical therapist. **CSN63**
- Check to be sure that the plan is complete.

Depending on the child's problem, the plan may need to cover:

- Food types, amounts, and consistency
- Frequency of feeding
- Special dishes such as scoop bowls and utensils such as Mothercare™ spoons and coated spoons
- Special equipment including furniture
- Ways to get the child to eat enough
- Medications

NU24 Meals and supplements (snacks) provided by the facility for school-age children (including those in school-age child care facilities) shall contain at a minimum the food components shown for this age group in Appendix K [of *National Health and Safety Performance Standards*]. Children attending facilities for 2 or more hours after school need at least one supplement (snack); those attending for more than 2½ hours need an additional supplement (snack).

CSN61 Children with special needs due to chronic illness or disabilities shall have their feeding planned. This planning requires the expertise of the child care team, including the child care nutrition specialist to address ongoing dietary and feeding issues related to individual health conditions such as allergies, food idiosyncrasies, and other identified feeding problems.

CSN62 A written history of any special nutrition or feeding needs of the child shall be obtained before the child enters the facility. This history shall be reviewed by the staff with the child care nutrition specialist or in consultation with a registered nurse.

CSN63 The histories described in standard CSN62 above shall be used to develop individual feeding plans and, collectively, to develop facility menus. Disciplines related to special nutrition needs, including nursing, speech, and occupational and physical therapy, shall participate when needed and/or when they are available to the facility. With the exception of those children on special diets, the general nutrition guidelines for facilities in *General Requirements, Nutrition for Infants, Nutrition for Toddlers and Preschoolers,* and *Nutrition for School-Age Children* shall be applied.

NU6 Dietary modifications shall be made under the direction of a trained health care provider. The caregiver shall modify and/or supplement the child's diet because of food allergies or special dietary needs only with written permission from the child's parent or legal guardian and from the child's health care provider. The caregiver shall obtain a list of foods that the child can and cannot consume from the parent/legal guardian or the child's health care provider. Menus shall be approved by the child care nutrition specialist. Dietary modifications shall be recorded as specified in Appendix C [of *National Health and Safety Performance Standards*].

NU1 Children shall be provided nourishing and attractive food according to a written plan developed by a qualified child care nutrition specialist. Carrying out the plan shall be the shared responsibility of all caregivers, directors, and food service personnel.

AD45 The facility shall have a nutrition plan that addresses kitchen layout; food procurement, preparation, and service; staffing; and nutrition education. The plan should delegate responsibility for each of these items. The nutrition plan of centers shall be a written plan and shall have input by the Nutrition Specialist and a food service expert.

AD46 The facility's policies and procedures for handling food shall include items specified in *Kitchen, Food Brought from Home, Kitchen and Equipment, Food Safety,* and *Maintenance*. Centers shall have written food-handling policies.

NU44 The nutrition plan shall include steps to take when problems occur that require rapid response on the part of the staff (e.g., when a child chokes during mealtime). The completed plan shall be on file and accessible to staff.

CSN64 The feeding plan shall include steps to take when problems occur that require rapid response on the part of the staff (e.g., when a child chokes during mealtime). The completed plan shall be on file and accessible to staff.

NU105 The facility shall have a nutrition plan. The plan shall include opportunities for children to develop the knowledge and skills necessary to make appropriate food choices. This plan shall be the shared responsibility of all staff, including directors and food service personnel.

Make changes in a child's diet only if you have *all* of the following: NU6

- Directions from a trained health care provider
- Written permission from the child's parent or legal guardian
- Written permission from the child's health care provider

If changes in diet are ordered, do this: NU6

- Obtain a list of foods that the child can and cannot eat from the child's health care provider or parent or other legal guardian.
- Obtain approval for menus from the child care nutrition specialist.
- Record the specific diet restrictions in the child's health history in her confidential file.
- Develop a system to meet the child's special needs and protect her privacy.

Be sure to talk to parents frequently about progress or if there are problems or questions.

RECORD KEEPING

Keep accurate records about the foods you serve to the children in your care. You will be able to answer questions that come up related to feeding the children.

Keep written plans on file for both food service and learning experiences. These plans should include information about:

- Providing nourishing and attractive food to children NU1
- Menus—original plans, with changes written in
- Equipment
- Kitchen layout AD45
- Food buying, preparation, and service AD45
- Food handling AD46
- Steps to take when a child is choking NU44, CSN64
- Staffing AD45
- Coordinating learning experiences about food with other learning activities and with eating experiences at home NU105

The plan should specify who is responsible for each of these things. Work with a child care nutrition specialist to develop this plan. NU1

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Keep written records on file for all children:

- A copy of the infant's or child's medical report, including growth data (height and weight) **AD25, HP5**
- Instructions from the infant's parent or health care provider on what and how much to feed the infant based on his nutritional requirements and developmental stage **NU8**
- Notes about regular communication with parents about children who are underweight or overweight, or have eating problems **PR42**

Notes about these planned communications shall be maintained in each child's record at the facility and shall be available for review.

Keep written records of this information on file for infants or children who have food allergies or other special dietary needs:

- Information about any special diet a child needs to follow and any food allergies a child has **NU6**
- A list of foods that the child can and cannot eat from the child's parent or legal guardian *or* from the child's health care provider **NU6**
- Permission from the child's parent or legal guardian *and* from the child's health care provider to make changes or additions to the child's diet **NU6**
- Changes made in the diet **NU6, NU9**
- Special nutrition or feeding needs of children with special health needs **CSN62**
- Menus approved by the child care nutrition specialist **NU6** and any change in foods served on a daily basis

SAFE BOTTLEFEEDING

Young infants in child care are ordinarily fed with a bottle—whether they are fed breast milk or formula.

Support Parents' Choices

Parents have several decisions to make about feeding their infants. Some parents may worry that it will be too hard to continue to breastfeed when the baby is in child care. Let the mother know that you support this practice and that you will help her to continue breastfeeding. Support may mean that you feed the child breast milk that the mother provides each day. Or, if the child has formula during the day, it may mean that you will not feed the child right before the mother picks him up so that he will nurse right away. Whether infants are fed

AD25 Nutrition assessment data (i.e., growth and anemia screening) shall be an integral part of the routine health supervision documented in the health record. Children found at risk shall have additional assessments, follow-ups, and recommendations for facility management as needed.

HP5 The facility shall require that the children have routine health supervision that includes documentation of height and weight assessment and head circumference (if less than 24 months old) according to the standards of the American Academy of Pediatrics.

NU8 Meals and supplements (snacks) provided by the facility for infants shall contain at a minimum the food components shown in Appendix J [of *National Health and Safety Performance Standards*]. Food shall be appropriate for infants' individual nutrition requirements and developmental stages as determined by written instructions obtained from the child's parent or health care provider.

PR42 Planned communication (e.g., parent conferences) shall be scheduled with at least one parent of every child in care to review the child's development and adjustment to care; to reach agreement on appropriate, nonviolent disciplinary measures; and to discuss specific health issues and such concerns as persistent behavior problems, developmental delays, special needs, overweight, underweight, or eating or sleeping problems. At these planned communications, the child's medical report and the health record shall be reviewed by a staff member with the parent to identify medical and developmental issues that require follow-up or adjustment of the facility. Each review shall be documented by the signature of the parent and staff reviewer in the child's facility health record. These planned communications shall be as follows:

a) As part of the intake process.
b) At each health update interval as follows:
   (1) Every 6 months for children under 6;
   (2) Every year for children over 6.
c) Whenever new information is added to the child's facility health record.

NU6 Dietary modifications shall be made under the direction of a trained health care provider. The caregiver shall modify and/or supplement the child's diet because of food allergies or special dietary needs only with written permission from

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the child's parent or legal guardian and from the child's health care provider. The caregiver shall obtain a list of foods that the child can and cannot consume from the parent/legal guardian or the child's health care provider. Menus shall be approved by the child care nutrition specialist. Dietary modifications shall be recorded as specified in Appendix C [of *National Health and Safety Performance Standards*].

NU9 The introduction of solid foods shall be accomplished routinely between 4 and 6 months of age, as indicated by an individual child's nutritional and developmental needs after consultation with the parents. Modification of basic food patterns shall be provided in writing by the child's health care provider.

CSN62 A written history of any special nutrition or feeding needs of the child shall be obtained before the child enters the facility. This history shall be reviewed by the staff with the child care nutrition specialist or in consultation with a registered nurse.

NU13 Only cleaned and disinfected bottles and nipples shall be used. All filled bottles of breast milk or iron-fortified formula shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be refrigerated, and shall be discarded after 24 hours if not used. An open container of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used. Unused expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

NU100 Bottles, bottle caps, and nipples shall not be reused without first being cleaned and disinfected.

NU17 Bottles, bottle caps, and nipples reused by the facility shall be cleaned and disinfected by washing in a dishwasher or by boiling for 5 minutes or more just prior to filling.

NU14 Bottles of breast milk and formula shall be dated. When there is more than one bottlefed infant, all bottles shall be labeled with the child's name. All formula and breast milk shall be used only for the intended child.

NU13 Only cleaned and disinfected bottles and nipples shall be used. All filled bottles of breast milk or iron-fortified formula shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be refrigerated, and shall be discarded after 24 hours if not used. An open container of

breast milk or formula, be sure to follow the parents' instructions about the kind of bottle or bottle liners to use.

Keep Everything Clean

Clean and disinfect reusable bottles, bottle caps, and bottle nipples before every use. **NU13, NU100** Do this by washing them in a dishwasher or boiling them for at least 5 minutes just before filling them. **NU17**

Use Breast Milk and Formula That Are Safe

Be sure to use the breast milk or formula intended for each child. Label all bottles with the date of preparation. When you have more than one infant who is bottlefed, label all bottles with the child's name also. Never use a bottle prepared for one child for another child. **NU14**

If the infant is fed breast milk, ask the parents in advance to bring breast milk in clean bottles clearly marked with the child's name. Keep the bottles refrigerated until you are ready to use them. Discard any unused breast milk after 48 hours. **NU13** These are conservative estimates; other sources may suggest longer periods.

If infants are formula-fed, ask the parents to bring in the formula if they can. **NU12** This practice shows that you support the family's feeding decision and provides familiar formula for the infant. Parents may choose to bring in prepared bottles of formula. If so, refrigerate all bottles and clearly label them with the child's name. Discard any prepared formula after 24 hours. **NU13**

If you provide the formula, it should be either ready-to-feed or carefully prepared from powder or concentrate. Prepare formula according to the instructions on the container. Use water from a source that has been approved by the local health department. **NU12** You must supply the formula to receive reimbursement from the CACFP.

Always hold infants who are not able to sit up for feeding. Do not prop bottles for infants to nurse, and don't let infants or toddlers carry bottles around with them. **NU11** Propping bottles can cause choking. It can also lead to baby bottle tooth decay if the contents of the bottle stay in the baby's mouth for a long time (for example, if the baby falls asleep with the bottle in his mouth).

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Prepare and Serve Breast Milk and Formula Properly

Thaw frozen breast milk under cold running water or in the refrigerator or set the bottle in a bowl of hot tap water for several minutes—NEVER out on the counter. NU15

It is not necessary to warm breast milk or formula, but some babies may prefer it. If you need to warm breast milk or formula, place the bottle in a pan of hot (not boiling) water for 5 minutes. Take the bottle out, shake it well, and test the temperature of the milk before feeding it to the infant. **Never warm breast milk or formula in a microwave oven.** NU62 The fluid can get too hot in some places and cause a burn. Don't warm bottles by leaving them out of the refrigerator or putting them in warm water for extended periods of time—these practices provide an ideal environment for bacteria to grow. NU16

Some children still use bottles when they start drinking homogenized milk. Pour the milk directly from the carton or container into a clean, disinfected bottle or a disposable, sterile bottle liner. Be sure to label the bottle with the child's name. NU18

Store Bottles Safely

Mark any bottles of breast milk or formula with the child's name and the date. NU14 Store the bottles in the refrigerator or freezer until they are used for feeding. Cover and refrigerate any open containers of ready-to-feed or concentrated formula. Any breast milk or formula remaining after 48 hours after opening should be discarded. NU13

WHEN SHOULD YOU DISCARD BREAST MILK OR FORMULA? NU13

IN BOTTLE	
Contents left after each feeding	Always discard immediately
IN REFRIGERATOR	
Open containers of ready-to-feed or concentrated formula	Discard after 48 hours if not used
Prepared bottles of formula	Discard after 24 hours if not used
Bottles of expressed breast milk	Discard after 48 hours if not used*
IN FREEZER	
Bottles of expressed breast milk	Discard after 2 weeks if not used* (longer if continuously frozen)

* Opinions differ about the amount of time that breast milk can be safely stored. The standards give these times because storage conditions may not be ideal. For example, the refrigerator door may be opened frequently by children or adults, and the temperature of the freezer area may not remain constant.

ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used. Unused expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

NU12 Formula shall preferably be provided by the parents; if provided by the facility, formula shall be in a factory-sealed container. The formula shall be of ready-to-feed strength or shall be prepared from powder or concentrate at the child care site and diluted according to the instructions provided by the manufacturer, using water from a source approved by the local health department.

NU11 Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottlefeeding. Bottle propping and carrying of bottles by young children throughout the day and/or night shall not be permitted.

NU15 Frozen breast milk shall be thawed under running cold water or in the refrigerator.

NU62 Heating units for warming bottles and food shall be accessible to adults but not to children. Microwave ovens shall not be used for warming infant bottles or infant food.

NU16 If breast milk or formula is to be warmed, bottles shall be placed in a pan of hot (not boiling) water for 5 minutes, after which the bottle shall be shaken well and the milk temperature tested before feeding. Bottles of formula or breast milk shall never be warmed in a microwave oven.

NU18 For children requiring bottles, but no longer on formula, milk shall be poured from the original container into cleaned, disinfected, and labeled bottles or disposable, sterile bottle liners.

NU14 Bottles of breast milk and formula shall be dated. When there is more than one bottlefed infant, all bottles shall be labeled with the child's name. All formula and breast milk shall be used only for the intended child.

NU13 Only cleaned and disinfected bottles and nipples shall be used. All filled bottles of breast milk or iron-fortified formula shall be refrigerated until immediately before feeding. Any contents remaining after a feeding shall be discarded. Prepared bottles of formula from powder or concentrate or ready-to-feed formula shall be refrigerated, and shall be discarded after 24 hours if not used. An open container of ready-to-feed or concentrated formula shall be covered, refrigerated, and discarded after 48 hours if not used. Unused expressed breast milk shall be discarded after 48 hours if refrigerated, or after 2 weeks if frozen.

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FIGURE 4.1

MENU PLANNING CHECKLIST

____ Does the menu meet the CACFP requirements for all the children for the day?

____ Is a good source of vitamin C included in at least one meal or snack daily?

____ Is a good source of iron included in at least one meal or snack daily?

____ Is a good source of vitamin A included in a meal or snack at least three times a week?

____ Does each meal include foods with different textures?

____ Does each meal include foods with different colors?

____ Is a new food included along with some favorite foods?

____ Are some foods that represent the cultures of the children included?

____ Are all the foods safe for the ages of the children? (For example, grapes are peeled and sliced in half; chicken is cut in very small pieces.) See Chapter 2 for more information.

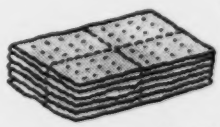
FIGURE 4.2

SNACK IDEAS

- **Hard-cooked egg halves**
- All kinds of fruit juices
- Soft tortilla wedges filled with refried beans or cheese
- Whole wheat crackers or **graham crackers**
- Peanut butter on rice cakes or crackers
- Banana, date-nut, or carrot bread
- **Biscuits or muffins**

- Mini-sandwiches
- Small pizzas
- Cheese slices or chunks
- Animal crackers

- **Cheese toast triangles**
- Dry, assorted unsweetened cereals mixed together



- Soft bagel with cream cheese
- Yogurt with fresh fruit
- Pudding made with milk (this cannot be used to meet the CACFP milk requirement)
- **Fresh fruit slices or chunks**

- Apple sauce or other fruit purées
- **Cereal with milk**
- Frozen fruit juice pops

FIGURE 4.3

SAMPLE MEAL AND SNACK SCHEDULE

	8:00	9:00	10:00	11:00	12:00	1:00	2:00	3:00	4:00	5:00	6:00
MEAL/SNACK	X		O			X			O		

X MEAL; O SNACK

By following this schedule, you can be sure that:

- Children in care less than 8 hours shall be offered at least one meal and two snacks or two meals and one snack; and
- Children in care for 8 or more hours can be served an additional reimbursable meal or snack—a maximum of three meals and one snack or two meals and two snacks.

Plan your schedule based on the needs of the children in your care. Remember that all young children should receive a nutritious snack in midmorning and midafternoon. Offer food to young children every 2 to 3 hours—this can be either a meal or a snack.

Serve breakfast at least 2 1/2 hours before lunch and snacks at least 1 1/2 hours before lunch or dinner.

Have breakfast foods on hand so children can eat if they have not had breakfast at home.

Serve additional snacks in the late afternoon to children who are staying late or who will not receive dinner until late.

EXAMPLES:

Johnny arrives at 8:15 a.m. and stays until 5:15 p.m. You learn from Johnny's mother that although she works near your home, the family lives an hour away. She and Johnny eat breakfast at 7:00 a.m. before they leave their house. They usually eat dinner around 7:00 p.m.

What should you feed Johnny during the day? Offer him available breakfast foods if he is hungry when he arrives. Serve him a breakfast, a lunch, a midafternoon snack, and a late afternoon snack just before his mother picks him up.

María arrives at 9:30 and stays until 6:30. What should you feed her? A midmorning snack, lunch, a midafternoon snack, and a supper.

Latoya arrives at 2:30 p.m. and stays until 11:30 p.m. What should you feed her? A midafternoon snack, dinner, and a bedtime snack.

FIGURE 4.4

VERY GOOD SOURCES

VITAMIN C
SERVE AT LEAST *ONE* OF THESE FOODS EACH DAY

FRUIT	VEGETABLE	JUICE
Acerola cherry	Bell pepper	Cranberry juice
Cantaloupe	Broccoli	Grapefruit juice
Elderberry	Brussels sprouts	Orange juice
Grapefruit	Cabbage	Tangelo juice
Guava	Cauliflower	Tangerine juice
Kiwi	Collards	Tomato juice
Mandarin orange	Dandelion greens	Vegetable juice
Mango	Dock (sorrel)	
Mulberry	Fennel leaves	Blended juice
Orange	Garden cress	
Papaya	Kale	100-percent juice fortified with vitamin C, such as apple, pineapple, grape cherry, or cranberry
Raspberry	Kohlrabi	
Strawberry	Mustard greens	
Tangerine	Spinach	
	Tampala leaves	
Commercially prepared vitamin C-fortified strained baby fruits	Tomato	
	Turnip greens	Infant fruit juice fortified with vitamin C
	Watercress	

IRON*
SERVE AT LEAST *ONE* OF THESE FOODS EACH DAY

MEAT AND MEAT ALTERNATES

Lean beef, pork, lamb, goat, venison and other game, and other meats, especially liver and other organ meats
Chicken, turkey, and other kinds of poultry
Fish
Egg yolk
Peanut butter
Cooked dried beans and peas

IRON-FORTIFIED CEREALS

To help the body take in more iron, include a good source of vitamin C with meals, especially if the meal does not include meat, fish, or poultry.

FIGURE 4.4 (CONT'D)

VITAMIN A
SERVE FOODS FROM THIS LIST AT LEAST *THREE* TIMES EACH WEEK

FRUIT	VEGETABLE	JUICE
Cantaloupe	Beet greens	Carrot juice
Mango	Bok choy	
Papaya	Carrot	
	Chili peppers (red)	
	Collard greens	
	Dandelion greens	
	Dock (sorrel)	
	Kale	
	Mixed vegetables	
	Mustard greens	
	Pumpkin	
100 percent juice fortified with vitamin C, such as apple, pineapple, grape, cherry, or cranberry	Spinach	
	Sweet potato	
	Tampala leaves	
	Turnip greens	
	Watercress	
Infant fruit juice fortified with vitamin C	Winter squash	

The U.S. Dietary Guidelines for Americans recommend eating a variety of foods to get the nutrients needed and the right amount of calories to maintain healthy weight.

CHAPTER FIVE

PROMOTING PLEASANT MEALS AND SNACKS

Besides making sure the food is clean and safe, preparing the food properly, and providing children with the right kind of food for their ages and development, always give children a pleasant setting in which to eat. You can do many things to help children enjoy their meals and snacks.

PHYSICAL ENVIRONMENT

Children need a safe and comfortable place to eat. Children enjoy feeding themselves if they have the eating utensils or tools they need to do it correctly. Furniture and eating utensils should be the right size and shape for children's age and development. **NU31**

Seating

Babies who can sit up need a highchair or a chair that clips under the table. Toddlers may still need to sit in one of these chairs. Never leave a child alone in a highchair, even to go to the phone or the door.

Older children need small tables and chairs to feel comfortable. When children are seated, the table should be between waist and mid-chest level and the chairs should allow the children's feet to rest on the floor or a firm surface. **NU30**

Insist that children sit down while they are eating. To reduce the risk of choking, don't let children eat while watching TV, walking, running, playing, lying down, or riding in a car. **NU32** This also helps children learn that eating is an important activity. It is not something to be done while doing other things. Make sure that young children do not carry bottles around with them—this could be dangerous if the child drops the bottle and it breaks or if the child carries the bottle so long that the milk spoils. Never prop a bottle for an infant to nurse. **NU11**

NU31 All furniture and eating utensils shall be age-appropriate and developmentally suitable for children, with special equipment provided for children with disabilities.

NU30 Child care staff shall ensure that children who do not require high chairs are comfortably seated at tables that are between waist and mid-chest level and allow the child's feet to rest on a firm surface while seated for eating.

NU32 Child care staff shall ensure that children do not eat when walking, running, playing, lying down, or riding in vehicles.

NU11 Infants shall either be held or be fed sitting up for bottle feeding. Infants unable to sit shall always be held for bottle feeding. Bottle propping and carrying of bottles by young children throughout the day and/or night shall not be permitted.

NU39 One adult shall not feed more than three children at the same time.

NU40 Midinfancy children just learning to feed themselves shall be supervised by an adult who is seated at the same table or adjacent to the child's feeding chair.

NU31 All furniture and eating utensils shall be age-appropriate and developmentally suitable for children, with special equipment provided for children with disabilities.

NU64 Disposable plates and cups and plastic utensils of food-grade, medium weight, may be used for single service. They are to be discarded after use. Styrofoam cups and plates shall not be used.

NU63 Dishes shall have smooth, hard-glazed surfaces and shall be free from cracks or chips. If imported dishes are purchased, they must carry a certificate of compliance with U.S. standards. Imported ceramic dishware or pottery shall be tested by the local health authority for lead or other heavy metals before use.

NU35 Children shall be offered familiar foods that are typical of the children's culture and shall also be introduced to unfamiliar foods.

NU61 Microwave ovens shall be so located as to be inaccessible to, and unable to be used by, children.

NU62 Heating units for warming bottles and food shall be accessible to adults but not to children. Microwave ovens shall not be used for warming infant bottles or infant food.

Caregivers should feed no more than three very young children at one time in order to supervise them properly. NU39 Be sure to feed each child with his own utensils. An adult caregiver should supervise young children who are just learning to feed themselves. This person should sit at the same table or next to the child's feeding chair. NU40 This promotes safety and security, and the caregiver can serve as a role model for eating. Never leave young children unattended while they are eating.

Dishes

Use child-size plates, utensils, glasses, and cups that are durable and easy to hold. NU31 Use glasses and cups that are made of rigid plastic or some other unbreakable material. Use short-handled spoons for toddlers learning to feed themselves. These are easier to grasp and control.

You may use sturdy plastic utensils for single service. Throw them away after use. Do not use foam plates and cups. Children might bite off pieces of foam and choke. NU64

Use dishes that have smooth, hard-glazed surfaces. Do not use dishes that are cracked or chipped. If you buy imported dishes, be sure they meet U.S. standards. Have them tested for lead or other heavy metals before using them. Call your local health department to find out how to have them tested. NU63

Foods

When you serve a new food, serve it with some familiar foods. Serve foods from different cultures to help teach children about new foods. NU35 For each meal, try to serve foods that have a variety of shapes, colors, flavors, and textures. You can change the shape of a food by cutting it in different ways or change the texture by serving it cooked if you usually serve it raw.

Do not serve foods that can cause choking in young children (see Chapter 3, page 13). Cut food so that it is easy for children to chew and swallow.

Surroundings

Keep microwave ovens, bottle warmers, and food warmers out of children's reach and do not allow children to use them. NU61, NU62 Keep young children out of food preparation

areas while hot food is being prepared. NU67 Supervise older children carefully when they are in the kitchen. Put pot handles toward the back of the stove. NU37

Do not drink hot liquids in the child care area. Keep coffee and other hot liquids and hot foods out of the reach of infants and young children. Do not place items, especially hot ones, where they could be pulled down by children—at the edge of a counter or table, or on a tablecloth. NU37

SOCIAL ENVIRONMENT

Children need a pleasing social environment when they eat. Young children like to be involved with what is going on around them. Children can help with setting the table, serving the food, and cleaning the table. NU34

Mealtimes should be happy times. Encourage children to eat the nutritious foods you provide, but do not force them to eat. NU45 Don't use food (such as candy) as a reward. Don't deny dessert as a punishment. NU46 A child who is rewarded or punished with food may overeat or believe that sweets are special foods. A child who is rewarded frequently with sweets may have an increased risk of dental cavities.

Allow young children to feed themselves even if they make a mess. They need to explore the foods they are eating. This does not mean letting them play in their food. When they begin to play, they are no longer interested in eating. Toddlers need lots of practice to learn to finger feed, use a spoon, and drink from a glass or cup. Try to balance learning new skills with enjoying eating.

Give children enough time to eat. Talk with children while they eat. Set simple rules for children at the table. You and the other children need a peaceful mealtime, too. Encourage children to eat new foods, and expect that they will learn to like them.

NU67 Children younger than school age shall be restricted from hot food preparation areas during meal preparation.

NU37 Adults shall not consume hot liquids in child care areas. Coffee and other hot liquids and hot foods shall be placed out of the reach of infants, toddlers, and preschoolers. Hot liquids shall not be placed at the edge of a counter or table, or on a tablecloth that could be yanked down, while the adult is holding or working with a child. Pot handles shall be positioned toward the back of the stove.

NU34 Children shall be actively involved in serving food and other mealtime activities, such as setting and cleaning the table.

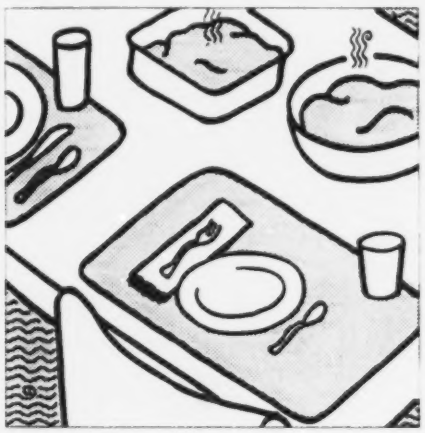
NU45 A child shall be encouraged, but not forced, to eat.

NU46 Food shall not be used as a reward or punishment.

NU33 Caregivers shall sit at the table and shall eat the meal or supplement (snack) with the children. Family-style meal service shall be encouraged. The adult(s) shall encourage social interaction and conversation about the concepts of color, quantity, number, and temperature of food; eating behaviors; and events of the day.

FAMILY-STYLE SERVICE

Serve meals family style to children. Some care providers think this is too messy, but it provides an important learning activity for children. NU33 This means setting the table and placing the food in serving dishes on the table. Place enough food on the table to meet the minimum requirements for all children seated at the table and to feed the adults. Offer at least the minimum to all children during the meal.



Help children learn to serve themselves. This allows children to decide how much they will eat and prevents waste. Use small, lightweight containers that children can handle.

An adult caregiver should sit at the table with the children and eat what they are eating. This caregiver should help the children talk about events of the day, eating behaviors, and the foods they are eating—their color, quantity, shape, texture, and temperature. Conversation helps the children develop their language and motor skills and makes the mealtime more pleasant. Having children eat in this kind of atmosphere allows them to learn from the caregiver and from the other children. NU33

The adult should not eat or drink anything that the children are not allowed to have. If adults want sodas or coffee, they should drink them on their breaks and out of the sight of the children.

CHILDREN'S DECISIONS

Caregivers and children each have responsibilities related to eating. Remember, you are responsible for the type of food that is bought, how the food is prepared, when the food is served, and the environment in which the meal is served. Children are responsible for what and how much they eat.

CHAPTER SIX

HELPING CHILDREN AND FAMILIES LEARN ABOUT FOOD

It takes many people to provide young children with a safe and pleasant eating experience. Work closely with parents, other caregivers, food service workers, and the child care nutrition specialist to see that this happens. **NU1**

Helping children and families learn about food and its importance to health is a big responsibility. When you teach, plan to: **NU105**

- ☆ Introduce children to food and eating experiences
- ☆ Provide learning activities about food and health—activities that can be related to experiences the child has at home
- ☆ Encourage the children to tell their parents about their food experiences in child care

NU1 Children shall be provided nourishing and attractive food according to a written plan developed by a qualified child care nutrition specialist. Carrying out the plan shall be the shared responsibility of all caregivers, directors, and food service personnel.

NU105 The facility shall have a nutrition plan. The plan shall include opportunities for children to develop the knowledge and skills necessary to make appropriate food choices. This plan shall be the shared responsibility of all staff, including directors and food service personnel.

ST51 Small family home caregivers shall have at least 12 clock hours of continuing education based on staff competency needs.

NUTRITION EDUCATION FOR STAFF

Before you can help children and families learn about food, you must have the knowledge yourself. Small family home caregivers should have at least 12 hours of continuing education each year based on the information needed. Some possible topics include nutrition for children, rescue breathing, or first aid for choking. **ST51**

HELPING CHILDREN LEARN

The messages you give children about food and eating will stay with them for the rest of their lives. You have a responsibility to help children develop good attitudes about food and eating. Make it interesting and fun to learn about food. Activities with food help children learn about foods and be more willing to try them.

Properties of Foods

Let children taste, smell, and feel different foods. Help them learn about the textures, colors, and shapes of foods. Do this at mealtime and during learning activities. Take advantage of

children's eagerness to learn and their natural curiosity about the world. Don't let teaching interfere with the pleasure of eating. NU107

NU107 Children shall be taught about the taste and smell of foods, and shall feel the textures and learn the different colors and shapes of foods. This teaching shall be evident in mealtime and curricular activities, without interfering with the pleasure of eating.

NU105 The facility shall have a nutrition plan. The plan shall include opportunities for children to develop the knowledge and skills necessary to make appropriate food choices. This plan shall be the shared responsibility of all staff, including directors and food service personnel.

HELPING CHILDREN LEARN ABOUT FOOD USING THEIR FIVE SENSES

Here are some ideas for helping children use their senses to learn about food:

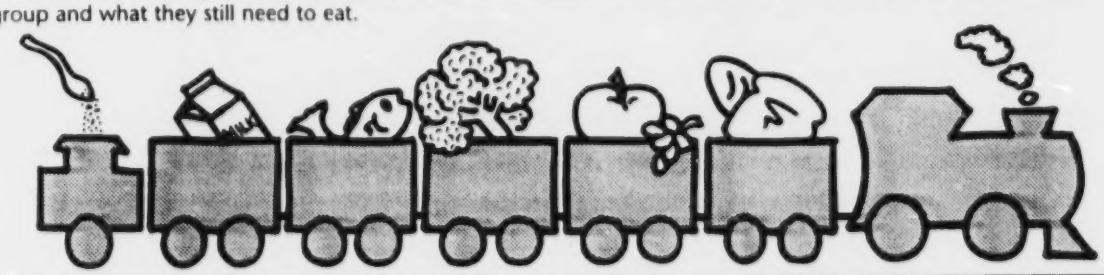
- Have a tasting party. Let children pick foods to taste based on the shape or color of the food.
- Help children compare the taste of raw and cooked fruits and vegetables.
- Have children break, snap, tear, or chew foods and listen to the sounds.
- Have children close their eyes and guess what made the sound—biting an apple, pouring milk, popcorn popping.
- Have the children reach into a "mystery bag" to feel foods of different sizes, shapes, and textures. Have them describe what they feel and identify the food.
- Ask the children to identify foods by their smell. Some foods that may be easy to identify include onions, garlic, or citrus fruits such as oranges or lemons.

Food Choices

Help children learn about the food choices they should make every day. NU105 Look for simple ways to teach so that children will understand. Use hands-on activities and props they can touch. Use real food as much as possible.

FOOD TRAIN

Public Voice for Food and Health Policy, a national, nonprofit organization, adapted the Head Start curriculum for young children that uses the idea of a food train. Cars for the train are made from different colors of construction paper. The different colors represent the food groupings in the Food Guide Pyramid. Within a food group, one car is made for each serving of a food the child needs to eat each day. Children place pictures of foods they eat into the correct cars during the day. By the end of the day, children can see what they have eaten from each food group and what they still need to eat.



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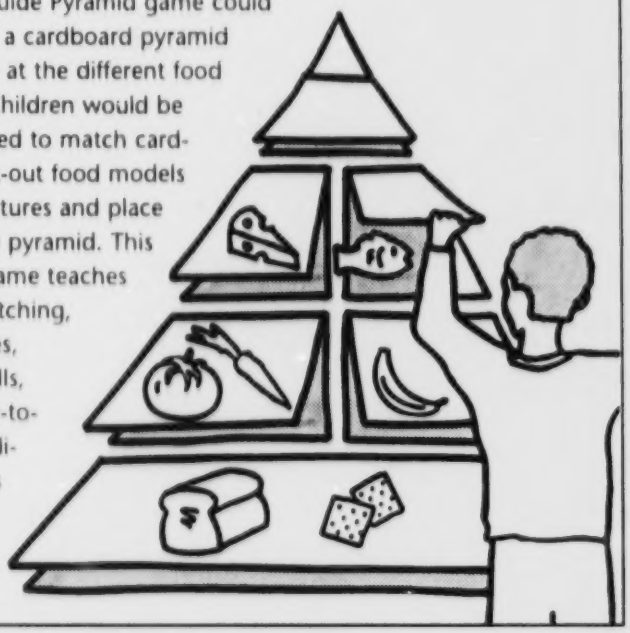
FOOD GUIDE PYRAMID GAME

A Food Guide Pyramid game could start with a cardboard pyramid with flaps at the different food groups. Children would be encouraged to match cardboard cut-out food models to the pictures and place inside the pyramid. This type of game teaches color, matching, differences, motor skills, and hand-to-eye coordination, as well as food choices.



NU33 Caregivers shall sit at the table and shall eat the meal or supplement (snack) with the children. Family-style meal service shall be encouraged. The adult(s) shall encourage social interaction and conversation about the concepts of color, quantity, number, and temperature of food; eating behaviors; and events of the day.

New Foods

Help children learn to eat new foods. Remember that young children learn by imitating adults. Eat with the children and eat the same foods they are eating. **NU33** If children see you eating and enjoying a food that is new to them, they will be more likely to try it. If the food is rejected, do not make a big deal about it. Simply serve the same food again later. The more familiar children become with the food, the more easily they will accept it.

Here are some additional tips for helping children try new foods:

- Serve new foods when children are hungry.
- Serve small amounts of the new food.
- Introduce only one new food at a time.
- Involve the children in preparing and serving the food.

HELP CHILDREN LEARN ABOUT FOOD

Have a tasting party. Use some fruits and vegetables that are new to the children. Help older children use the correct knife to cut them up. Then have the children dip the fruit or vegetable in yogurt or dressing. Be sure to include some fruits and vegetables that the children already know and like.

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NU108 Parents shall be informed of the scope of nutrition learning activities provided in the facility. Nutrition information/education programs shall be conducted at least twice a year under the guidance of the child care nutrition specialist, based on the needs assessment for nutrition information/education as perceived by families and staff.

What can you do for a child from another culture, for whom many of the foods you serve are new? Try to serve some foods from that child's culture. This way, the food that is familiar to him will be new to some of the other children, and foods that are familiar to the rest of the children will be new to him. Talk about where each food comes from and how it is prepared.

Preparing Foods

Children can learn a lot about food by helping to prepare it. Helping you prepare food can also teach them other skills like counting, measuring, sorting, and following directions.

WHAT DO CHILDREN GAIN FROM PREPARING FOOD?

- Experience with sharing as they take turns
- Creativity—changing flour and other ingredients into raw dough, then a cookie or muffin that can be decorated
- Self-esteem—they gain a sense of accomplishment when they complete a project, with something to show for it
- Fine and gross motor skills (children really enjoy rolling bread or cookie dough)
- Knowledge about safety—injury prevention and sanitation
- Knowledge about parts of plants—stems, skin, seeds, etc.
- Knowledge about science—how plants, animals, and people grow

HELPING FAMILIES LEARN

Be sure to keep parents informed about the activities that you provide to help their children learn about food and health. Work with the child care nutrition specialist to provide nutrition education programs for parents at least twice a year. Take an informal survey to find out what parents want to know. **NU108**

Be sure to coordinate what you are teaching children and parents. If parents are aware of what you are teaching, they can reinforce your messages at home.

Suggestions for communicating with parents:

- ☆ Try newsletters or handouts that parents can take home and read (see "Parent Materials" in the Appendix).
- ☆ Give parents some tips to hang on the refrigerator (see Figure 4.2, "Snack Ideas," and Figure 4.4, "Very Good Sources" on pages 40 and 42).
- ☆ Post menus to let parents know what you are serving their children. This will teach them about appropriate meal patterns, meal planning, and food groups. Try to have menus in the language that most of the parents speak. Ask a parent to help translate if necessary.

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- Put together a cookbook of the children's favorite recipes. Include recipes the children have "created" or take pictures of the children preparing food. Make it into a booklet that could be a gift for parents.

ENLISTING HELP FROM PARENTS

Parents influence children's eating habits and interest in food. Young children learn most of their food preferences at home. Parents teach children by the foods they serve and what they eat in front of their children. Work with parents so their children enjoy learning about food.

Here are some suggestions for getting help from parents:

- At least once a week, send home food-related activities that the parent and child can complete together. Some examples are making a snack, going shopping, storing food, or growing food in a windowbox. This will allow the parent to be involved in the child's learning experiences.
- Invite parents to visit at snack and meal time. Serve the same or similar foods at parent meetings (other cultures, new foods, etc.). At parent meetings, use foods that children have helped prepare. Have a parent meeting where parents prepare a food from another culture or some other unfamiliar food.
- Ask parents to provide a favorite recipe or oral instructions for preparing a favorite food. You can use this recipe as a way to introduce a new food or share information about a culture.

IN CLOSING . . .

You play a very important part in helping young children develop their attitudes about food and eating. Feeding children is very important for many reasons—it helps them grow, it keeps them healthy, and it helps them learn.

We hope that the information in this book will help you create a safe and healthy eating environment for the children. Keep the goals in this book in mind, and always work hard to give children positive experiences with food and eating.

APPENDIX

COMMUNITY RESOURCES

In your community, there are many people who can help you provide nutrition education and nutritious and safe food to the children. Use the spaces below to write down the telephone numbers for your community resources.

PROGRAM/PERSON	TELEPHONE NUMBER
Local Health Department	_____
Child and Adult Care Food Program	_____
Expanded Food and Nutrition Education Program (EFNEP)	_____
Nutrition Education and Training (NET) Program	_____
Head Start Program	_____
Community College Dietary Technician Program	_____
Cooperative Extension Service	_____
Child Care Nutrition Specialist	_____
WIC Nutritionist	_____
Local Sanitation Inspector	_____
Registered Dietitian (working in local hospital or community health program)	_____
University Extension Food and Nutrition Specialist	_____
Home Economics/Family Life Teacher	_____

In addition to these community resources, here are some telephone numbers for national hotlines where you can get help:

USDA Meat and Poultry Hotline (for information about food handling) . . . . . 1(800) 535-4555
10–4 weekdays Eastern time

ADA Consumer Nutrition Hotline . . . . . 1(800) 366-1655

FDA Seafood Hotline . . . . . 1(800) 332-4010
12–4 weekdays Eastern time

RESOURCE LIST

The materials in this list are for use by child care staff, children, or parents, or may be adapted for use in a child care setting. These materials provide additional information on topics discussed in the book.

Titles indicated by an asterisk (*) were used in the preparation of this book.

American Academy of Pediatrics, American Dietetic Association, and Food Marketing Institute. ***Healthy start—Food to grow on.*** Elk Grove Village, IL: American Academy of Pediatrics, 1990. 2 pp.

Contact: American Dietetic Association, 216 West Jackson Boulevard, Chicago, IL 60606-6995. Telephone: (312) 899-4474. The Supermarket Kits may be purchased by members for $25.00 and nonmembers for $29.00 with a $3.50 shipping and handling charge. Credit card and purchase orders should be placed through the address or telephone number above. Prepaid orders should be sent to: Sales Department, The American Dietetic Association, P.O. Box 97215, Chicago, IL 60678-7215.

This information and education campaign promotes healthful food choices and eating habits for families with young children ages 2 to 6. The campaign is a cooperative effort by the American Academy of Pediatrics (AAP), the American Dietetic Association (ADA), and the Food Marketing Institute (FMI). The Healthy Start Supermarket Kit contains four colorful nutrition brochures covering basic nutrition and food needs for young children; reproducible quarterly newsletters for parents focusing on topics such as sugar and sweeteners, physical activity, and fast foods; a reproducible parent/child activity booklet written for children ages 5 and 6 about the relationship between food and health; and a supermarket implementation guide.

American Academy of Pediatrics, Committee on Nutrition. ***Pediatric nutrition handbook (3rd edition).*** Elk Grove Village, IL: American Academy of Pediatrics, 1993. 472 pp.

Contact: American Academy of Pediatrics, 141 Northwest Point Boulevard, P.O. Box 927, Elk Grove Village, IL 60009-0927. Telephone: (800) 433-9016 or (708) 228-5005, fax (708) 228-5097. $45.00 members, $51.95 nonmembers, plus $8.50 shipping and handling.

This guidebook is a ready desk reference on the nutritional requirements and impact of nutritional status on the health of infants, children, and adolescents. It discusses feeding infants and children, basic nutrition information, nutrition in disease, and dietary modifications.

American Dietetic Association. Position of the American Dietetic Association: Nutrition standards for child care programs. ***Journal of the American Dietetic Association*** 94(3):323. March 1994.

Contact: American Dietetic Association, 216 West Jackson, Chicago, IL 60606. Telephone: (800) 877-1600. Single copies available at no charge.

This article presents the American Dietetic Association's position on standards for nutrition programs in child care settings. The article provides specific guidelines for meal plans, the preparation and food service components, nutrition consultation and guidelines, nutrition education and training, physical and emotional environment, and compliance with local and state regulations.

*American Public Health Association and American Academy of Pediatrics. ***National health and safety performance standards: Guidelines for out-of-home child care programs.*** Arlington, VA: National Center for Education in Maternal and Child Health, 1994. 410 pp.

Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. Telephone: (703) 821-8955, fax (703) 821-2098. Available at no charge. NMCHC inv.code G092.

This manual is a reprint of the publication *Caring for Our Children: National Health and Performance Standards—Guidelines for Out-of-Home Child Care Programs*, published in 1992 by the American Public Health Association and the American Academy of Pediatrics. The manual describes standards that address these topics: staffing; program activities for healthy development; health protection and health promotion; nutrition and food service; facilities, supplies, equipment, and transportation; infectious diseases; children with special needs; administration; and recommendations for licensing and community action. The publication also provides the rationale for each standard, along with comments and resources for obtaining more information. Distinctions are made between standards that apply to child care centers, large family child care homes, and small family child care homes.

Arizona Department of Health Services, Office of Nutrition Services. ***Arizona 5 a day for better health: Fruit and vegetable activity book for child care programs.*** Phoenix, AZ: Office of Nutrition Services, Arizona Department of Health Services, 1991. 48 pp.

Contact: Office of Nutrition Services, Arizona Department of Health Services, 1740 West Adams Street, Phoenix, AZ 85007. Telephone: (602) 542-1886. Available at no charge to Arizona programs; single copy available at no charge to out-of-state programs.

This book suggests ways to increase the number of servings of fruits and vegetables for children and adults. It provides information on the nutrients in fruits and vegetables and

offers ideas on menu planning, purchasing, preparing, and serving. It includes recipes and hands-on activities to help children learn about fruits and vegetables. It is available in English and Spanish.

Aronson, S. ***Health and safety in childcare.*** New York, NY: HarperCollins, 1991. 246 pp.

Contact: College Customer Service, HarperCollins Publishers, 1900 Eastlake Avenue, Glenview, IL 60025. Telephone: (800) 782-2665. $30.50 plus $3.00 shipping and handling.

This textbook provides information on managing health and safety issues in child care settings. Topics discussed include general health, nutrition, playground safety, infectious disease, managing illness in the child care setting, and child abuse. Suggested activities are listed as a guide to instructors who are using the book as a course text. The appendices include practical guides and forms to be used by child care providers.

*Berman, C., and Fromer, J. ***Meals without squeals: Child care feeding guide and cookbook.*** Palo Alto, CA: Bull Publishing Company, 1991. 240 pp.

Contact: Bull Publishing Company, P.O. Box 208, Palo Alto, CA 94302-0208. Telephone: (415) 322-2855. $14.95 plus $3.00 shipping and handling.

This guide, written for parents and professionals, provides information on nutrition and growth in children, solutions to common feeding problems, and ways to offer children positive learning experiences with food and nutrition. The book addresses the basics of good nutrition, specific nutritional needs of children at various stages of development, special problems and concerns such as allergies and lactose intolerance, sample menus, teaching nutrition to children, and appreciating different cultures. Additional references and resources are also provided.

*California Child Care Resource and Referral Network. ***Family day care handbook (5th edition).*** San Francisco, CA: California Child Care Resource and Referral Network, 1993. 405 pp.

Contact: California Child Care Resource and Referral Network, 111 New Montgomery Street, 7th Floor, San Francisco, CA 94105. Telephone: (415) 882-0234. $45.00 plus $4.00 UPS shipping; prepayment required (discount for bulk orders).

This handbook is designed to offer comprehensive information and support to family child care providers. Topics in the handbook include: getting started; business aspects; working with parents; health and safety; food and nutrition; and working with children (including growth and development). Helpful tips appear throughout the handbook based on the experiences of family child care providers in California and throughout the country. A resource list of publications and organizations is provided.

California Child Care Resource and Referral Network. ***Recursos/resources: A bibliography of Spanish-language family day care training materials.*** San Francisco, CA: California Child Care Initiative Project, 1994. 18 pp.

Contact: California Child Care Resource and Referral Network, 111 New Montgomery Street, 7th Floor, San Francisco, CA 94105. Telephone: (415) 882-0234, fax (415) 882-6233. $12.50, includes shipping and handling.

This bibliography lists materials in Spanish that were produced by family child care training projects or other educational organizations in the United States and Canada. It includes sections on recruitment; training manuals; licensing, regulations, and the business aspects of running family child care centers; health and safety; food and nutrition; working with parents; working with children; and resources from programs supporting child care providers. Several magazine articles in Spanish are cited, and a list of organizations with resources in Spanish is included.

Children's Foundation. ***The Child and Adult Care Food Program sponsorship for family day care.*** Washington, DC: Children's Foundation, 1994. 4 pp.

Contact: Publications Department, Children's Foundation, 725 15th Street, N.W., Suite 505, Washington, DC 20005-2109. Telephone: (202) 347-3300. $3.00 plus 15 percent shipping and handling; prepayment required; make check payable to The Children's Foundation.

This pamphlet explains the Child and Adult Care Food Program (CACFP) which offers cash reimbursements and donated commodities to help child care facilities serve nutritious food to children. This pamphlet explains the components of the program that relate to child care providers and to their sponsors. The sponsors are local or statewide organizations that provide administration services to the providers participating in the program. Contact information is provided for the regional offices of the Department of Agriculture that administer the program.

*Edelstein, S. ***Nutrition and meal planning in child-care programs: A practical guide.*** Chicago, IL: American Dietetic Association, 1992. 94 pp.

Contact: American Dietetic Association, P.O. Box 4729, Department 0195, Chicago, IL 60680-4729. Telephone: (800) 745-0775, ext. 5000. $19.00 (includes shipping and handling); catalog number 0195.

This manual will assist child care providers in planning nutritious meals for children at child care centers or family day care homes. The manual is based on the daily food and serving recommendations of the U.S. Department of Agriculture. Nutritional requirements of infants and children, sample menus for child care centers, and a list of resource agencies are also included.

Eliades, D. C., and Suitor, C. W. ***Celebrating diversity: Approaching families through their food.*** Arlington, VA: National Center for Education in Maternal and Child Health, 1994. 70 pp.

Contact: National Maternal and Child Health Clearinghouse, 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536. Telephone: (703) 821-8955, ext. 254, fax (703) 821-2098. 1–4 copies $6.50 each, 5–15 copies $4.00 each, 16–30 copies $3.00 each, 31–100 copies $2.75 each, more than 100 copies $2.50 each; prepayment required. NMCHC inv.code H006.

This guide presents ideas and suggestions on how to communicate nutrition education messages to people from a variety of cultural backgrounds. It discusses using food to create common ground, how food patterns change among immigrants, how people make food choices, communicating with clients and families, working within the community, and meeting the challenge of the multilingual environment. The guide was supported by the Maternal and Child Health Bureau, U.S. Department of Health and Human Services, and the Food and Nutrition Service, U.S. Department of Agriculture.

*Gillis, J., and Fise, M. E. R. ***The childwise catalog (revised edition).*** New York, NY: Harper and Row, 1990. 404 pp.

Contact: Harper and Row, 10 East 53rd Street, New York, NY 10022. Telephone: (212) 207-7000. $12.95.

This publication is a consumer's guide to purchasing the safest and best products for children, covering everything from clothing to toys to walkers, etc.

Health and Family Associates. ***Food for learning: A nutrition education training videotape for child care staff, providers and parents.*** Albuquerque, NM: Health and Family Associates, 1990. 1 videotape.

Contact: Health and Family Associates, P.O. Box 11775, Albuquerque, NM 87192-0775. $45.00 plus $2.48 tax; make check or money order payable to Health and Family Associates, Incorporated.

This 15-minute videotape is designed to train child care staff, providers, and parents in the appropriate ways of planning and conducting nutrition education activities for young children. It is available in English and Spanish.

*Healthy Mothers, Healthy Babies Coalition, Injury Prevention Subcommittee. ***Home safety tips: You can keep your baby safe.*** Washington, DC: Healthy Mothers, Healthy Babies Coalition, 1991. 15 pp.

Contact: Information Services, National Center for Education in Maternal and Child Health, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617. Telephone: (703)

524-7802. Photocopies available at no charge.

This pamphlet provides a checklist for keeping a baby safe. It covers bedroom, bathroom, and kitchen areas as well as general safety, and suggests interventions that parents can use.

*Ingram, P., and Klimas, M. A. ***Nutrition guidebook for day care providers.*** San Diego, CA: San Diego State University, 1990. 58 pp. plus nine booklets, brochures, and flyers.

Contact: Dr. Ofelia Dirige, Division of Maternal and Child Health, Graduate School of Public Health, San Diego State University, 6505 Alvarado Road, Suite 205, San Diego, CA 92120. Telephone: (619) 594-6317. $10.00 postage and handling.

This reference manual for child care providers contains nutrition guidelines for children in child care settings. It includes seven chapters on developing good food habits, basic four food guide, feeding guidelines (infants, toddlers, preschool and school-age children), menu planning, common nutrition problems, feeding tips for parents, sanitation and safety, and a reference section on nutrition resources in the community.

Lewis, M., Byrd-Bredbenner, C., and Bernstein, J. ***Head Start nutrition education curriculum = Children, get a headstart on the road to good nutrition.*** Washington, DC: Head Start Bureau, U.S. Department of Health and Human Services, 1988. 339 pp.

Contact: Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802, fax (703) 524-9335. Out of print; available for loan only.

This nutrition education curriculum for preschool children in Head Start was designed to promote learning in 3 to 5 year olds with varying skills and abilities. The curriculum uses a multidisciplinary approach to nutrition by combining nutrition information with other subject matter areas (language, arts, mathematics, physical development, food preparation, the arts, social studies, music). The curriculum is organized into nine units, titled (1) Food Makes Me Me, (2) Planning to Feed Me, (3) Clean Eating, (4) Variety Surrounds Me, (5) Food is Sens-ational, (6) Food Origins, (7) Body Building Basics, (8) Eating the Basic Ways, and (9) Special Occasion Foods. Special notes and recommendations are provided for planning and supervising cooking experiences with Head Start Children. References and sources of nutrition education teaching aids are provided.

Lewis, M., Byrd-Bredbenner, C., and Bernstein, J. ***Head Start nutrition education curriculum: Parent nutrition kit.*** Washington, DC: Head Start Bureau, U.S. Department of Health and Human Services, 1988. 56 pp.

Contact: Head Start Bureau, U.S. Department of Health and Human Services, Washington, DC.

This teaching guide was developed as a part of the Head Start Nutrition Education

Curriculum. It is designed to actively involve parents in the education of their children by demonstrating how they can contribute to and assist their children in reaching nutrition education goals. This kit provides display ideas, reproducible parent newsletters, and suggestions for planning successful parent workshops.

Montana Department of Health and Environmental Sciences, Montana Child Nutrition Program, Montana Child and Adult Care Food Program. ***Beans, peas, and broccoli trees: Implementing the Dietary Guidelines in child care programs.*** Billings, MT: Montana Child and Adult Care Food Program, Montana Department of Health and Environmental Sciences, 1993. One videotape (50 min., VHS 1/2 inch), one teaching guide (3 pp.), one study guide (7 pp.).

Contact: Production West, 1001 South 24th Street West, Suite 311, Billings, MT 59102. Telephone: (800) 321-9499. $29.95 (includes shipping and handling).

This information package contains a video, a leader's guide, and a participant's guide that teach child care providers and parents essential information about nutrition. The package interprets information contained in the USDA Dietary Guidelines discussed in *Building for the Future*. The video presents five 10-minute sections covering dietary guidelines, planning cycle menus, purchasing nutritious goods, food preparation, and promoting healthy choices. The leader's guide offers suggestions for presenting the video and suggests topics for discussion, and the participant's guide reinforces the main concepts presented in the video.

*Morris, P. M., and Hynes, M. H. ***Training for healthy eating: A curriculum guide for preschool teachers.*** Washington, DC: Public Voice for Food and Health Policy, 1992. 58 pp.

Contact: Patricia McGrath Morris, Director of Nutrition, Public Voice for Food and Health Policy, 1001 Connecticut Avenue, N.W., Suite 522, Washington, DC 20036. Telephone: (202) 371-1840, fax (202) 659-3683. $10.00.

This teaching guide assists educators in teaching preschool children to eat a variety of foods and make healthy food choices. The curriculum, composed of eight nutrition units, supports exploration of nutrition topics every day for 1 week a month or once a week throughout the school year. The units are designed to be integrated with themes frequently used by teachers of young children. Each unit contains a variety of student activities, suggested related recipes, children's literature, dramatic play, field trips, and family activities. The centerpiece of the materials is a food train, which is based on the six food groups in USDA's Food Guide Pyramid.

*Nash, M., Tate, C., Gellert, S., and Donehoo, B. ***Better baby care: A book for family day care providers (revised edition).*** Washington, DC: Children's Foundation, 1993. 150 pp.

Contact: Children's Foundation, 725 15th Street, N.W., Suite 505, Washington, DC 20005. Telephone: (202) 347-3300. $15.95 plus 15 percent shipping and handling; make checks payable to The Children's Foundation.

This manual was written for individuals who provide child care in their homes. Chapters cover physical arrangement of the home; general information about infant and child growth and development; nutrition and feeding; health, safety, and first aid; the business aspects of running home child care services; and the parent-caregiver relationship. The appendix includes a description of common infant health problems, a list of items for a first aid kit, and instructions for making home-made toys and activities.

National Association of Pediatric Nurse Associates and Practitioners. ***Starting solids: A guide for parents and child care providers.*** Cherry Hill, NJ: National Association of Pediatric Nurse Associates and Practitioners, 1993. 2 pp.

Contact: National Association of Pediatric Nurse Associates and Practitioners, 1101 Kings Highway, North, Suite 206, Cherry Hill, NJ 08034. Telephone: (609) 667-1773.

This pamphlet provides guidelines for parents and child care providers on introducing infants to solid food, as well as tips for keeping mealtimes safe. The schedule of introducing appropriate foods to infants in each age range is detailed along with normal infant development. The pamphlet also contains a first aid chart illustrating the procedures to follow when an infant is choking.

*National Child Nutrition Project. ***Breastfed infants and you: A manual for child care providers.*** Philadelphia, PA: National Child Nutrition Project, 1988. 15 pp.

Contact: Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street North, Suite 701, Arlington, VA 22201-2617. Telephone: (703) 524-7802, fax (703) 524-9335. Available for loan.

This manual for child care providers of breastfed babies presents information on the advantages of breastfeeding, handling and storage of breast milk, and coordinating infant feeding with mothers' work schedules.

New Mexico Health and Environment Department, Family Nutrition Section. ***Planning meals for kids: A food service training tape for day care staff.*** Santa Fe, NM: New Mexico Health and Environment Department, 1989. 1 pp.

Contact: Preventive Services Division, Children, Youth, and Families Department, Family Nutrition Bureau, 2329 Wisconsin, N.E., Suite B, Albuquerque, NM 87110. Telephone: (505) 841-9410. $35.00, available for preview at no charge.

This 10-minute videotape is for food service staff in child care centers and /or family day care providers. Childhood nutrition, basic meal management techniques, and child care food program meal pattern requirements are discussed. Written materials that reinforce the concepts presented accompany the videotape.

New Mexico Health and Environment Department, Public Health Division, Nutrition Section, New Mexico Child Care Food Program. ***I like lunch best: A training tape on family style meal service.*** Santa Fe, NM: New Mexico Health and Environment Department, 1987. One videotape.

Contact: Preventive Services Division, Children, Youth, and Families Department, Family Nutrition Bureau, 2329 Wisconsin, N.E., Suite B, Albuquerque, NM 87110. Telephone: (505) 841-9410. $35.00, available for preview at no charge.

This 12-minute videotape is for child care providers, parents, child care food program staff, nutritionists, and dietitians. It covers important features of family-style meal service in the child care setting and includes a brochure on family-style meal service.

*Ohio Department of Health and Ohio Department of Human Services. ***Health and safety in family day care: An introductory course for family day care providers.*** Columbus, OH: Ohio Department of Health and Ohio Department of Human Services, 1993. Three notebooks with trainer guides, one audiocassette, two videotapes, three sets of slides, assorted handouts and evaluation forms.

Contact: Librarian, National Center for Education in Maternal and Child Health, 2000 15th Street, North, Suite 701, McLean, VA 22201-2617. Telephone: (703) 524-7802, fax (703) 524-9335. Available on loan. NMCHC inv.code G048, G086 (order form).

This training package is designed to increase the awareness of family child care providers about their role in creating a safe and healthy environment for children in their care. Six modules are contained within three volumes: Volume I—communicable disease, home safety, and first aid; Volume II—food safety and nutrition; and Volume III—managing children's behavior. Each module presents information on the topic, as well as goals, learning objectives, learning strategies, evaluation criteria, and teaching aids and resources. The module on nutrition contains 33 color slides of child feeding situations and a pamphlet on helping children develop good eating habits. The goals of the nutrition module are: (1) to provide information about caregiver responsibilities in nutrition and feeding; (2) to provide information about child responsibilities in eating; (3) to provide information about how developmental stages affect feeding; and (4) to encourage the caregiver to accept that she may help a child form healthy ideas about food.

*Satter, E. ***Feeding with love and good sense.*** Palo Alto, CA: Bull Publishing Company, 1989. One videotape (60 minutes, VHS).

Contact: Publications Manager, Bull Publishing Company, P.O. Box 208, Palo Alto, CA 94302. Telephone: (415) 322-2855. $149.95 for set of four tapes (or $49.95 each).

This videotape trains child caregivers in centers and in the home on how to promote effective feeding interactions between children and adults. The videotape is organized according to the age of the child: infant, older baby, toddler, and preschooler.

Tatum, P. S. ***Promoting wellness: A nutrition, health and safety manual for family child care providers.*** Atlanta, GA: Save the Children Child Care Support Center, 1994. 390 pp.

Contact: Save the Children Child Care Support Center, 1447 Peachtree Street, N.E., Suite 700, Atlanta, GA 30309. Telephone: (404) 885-1578. Price unknown.

This manual was designed for use by sponsor organizations of the Child and Adult Care Food Program in training family child care providers. It serves as a reference book for the child care provider about nutrition or health and safety questions and new recipes and fun activities for the children. It is also designed to help providers make dietary changes and to serve as a resource for trainers. Sections include a trainer's introduction, mealtime in the family child care home, understanding the dietary guidelines, changing your diet using the dietary guidelines, recipes and learning activities for children, preventing infectious disease and foodborne illness, providing safe environments, and parents' pages.

Tri-County Health Department (Colorado). ***Get a healthy head start with smile saving snacks.*** Englewood, CO: Tri-County Health Department, 1989. Two volumes.

Contact: Nutrition Division, Tri-County Health Department, 7000 E. Belleview, Suite 301, Englewood, CO 80111. Telephone: (303) 220-9200. $3.00; curriculum guide $1.50.

This booklet for preschool/early elementary age children and their parents and curriculum guide for teachers focus on nutritious snacking and dental care. They provide ideas for healthy snacks and activities to motivate young children toward healthy habits. The same subject matter and icons used in the Head Start Nutrition Education curriculum are used in these materials.

U.S. Department of Agriculture, Food and Consumer Service, and U.S. Department of Health and Human Services. ***Building for the future: Nutrition guidance for the child nutrition programs.*** Washington, DC: U.S. Department of Agriculture, 1992. 61 pp.

Contact: Nutrition and Technical Services Division, Food and Consumer Service, USDA, Nutrition and Technical Services Division, 3101 Park Center Drive, Room 607,

Alexandria, VA 22302. Telephone: (703) 305-2556. Available at no charge. For quantities of fewer than 10, send written request to above address; for quantities of more than 10, contact state agency. NMCHC inv.code F014; FNS-279.

This manual with a multicolored poster was developed jointly by the U.S. Departments of Agriculture (USDA) and Health and Human Services (DHHS). Food service professionals will find guidance for implementing the 1990 Dietary Guidelines for Americans in the Child Nutrition Programs. Practical suggestions for meal planning and activities are presented for each of the dietary guidelines, and, when appropriate, for varying age groups. The publication is designed for a large audience ranging from directors of multiunit school systems to family child care providers and food service managers in adult and child care centers. The information is also useful for others in the education community who are interested in nutrition, including teachers, parents, and administrators who participate in the programs.

U.S. Department of Agriculture, Food and Consumer Service. ***Breastfed babies welcome here packet.*** Alexandria, VA: Nutrition and Technical Services Division, Food and Consumer Service, U.S. Department of Agriculture, 1993.

Contact: Nutrition and Technical Services Division, Food and Consumer Service, USDA, 3101 Park Center Drive, Room 609, Alexandria, VA 22310. Telephone: (703) 305-2554, fax (703) 305-2459. Entire packet or individual pieces available at no charge.

This packet consists of three materials. A poster that can be displayed in homes and centers; a mother's guide that can be used to promote breastfeeding and to provide information on how to transition breastfed infants into a child care setting; and a guide for child care providers on how to care for breastfed babies and how to safely store and handle breast milk.

U.S. Department of Agriculture, Food and Consumer Service. ***Child and Adult Care Food Program: Child care centers handbook.*** Alexandria, VA: Child Nutrition Division, Food and Consumer Service, U.S. Department of Agriculture, 1995. 93 pp.

Contact: Child and Adult Care Food Program Director at the state administering agency—Department of Education, alternate state agency, or Food and Consumer Service Regional Office. Available to participating CACFP institutions at no charge.

This manual provides administrative guidance, sample forms and resources for Child and Adult Care Food Program operations by independent child care centers and by sponsored centers and their sponsoring organizations.

U.S. Department of Agriculture, Food and Consumer Service. ***Child and Adult Care Food Program: Day care homes handbook.*** Alexandria, VA: Child Nutrition Division, Food and Consumer Service, U.S. Department of Agriculture, 1994. 72 pp.

Contact: Child and Adult Care Food Program director at the state administering agency—Department of Education, alternate state agency, or Food and Consumer Service Regional Office. Available to participating CACFP institutions at no charge.

This manual offers administrative guidelines for sponsoring organizations and child care home providers. It contains a history of the Child and Adult Care Food Program, eligibility information, application procedures, meal patterns and food service requirements, and guidance on reimbursement claims, payments, monitoring and administrative reviews, and recordkeeping. A reference section provides sample forms and resources that can be used by program participants.

U.S. Department of Agriculture, Food and Consumer Service. ***Child and Adult Care Food Program: Nutrition guidance for child care centers.*** Alexandria, VA: Child Nutrition Division, Food and Consumer Service, U.S. Department of Agriculture, 1995. 116 pp.

Contact: Child and Adult Care Food Program director at the state administering agency—Department of Education, alternate state agency, or Food and Consumer Service Regional Office. Available to participating CACFP institutions at no charge.

This manual identifies the food responsibilities of child care centers in the Child and Adult Care Food Program, and encourages achieving the *Dietary Guidelines for Americans* within the current meal patterns. It provides sample menus and menu planning ideas; emphasizes family-style food service and nutrition education activity; and includes food buying tips and storage information, food safety and sanitation guidance, and the CACFP recordkeeping requirements.

U.S. Department of Agriculture, Food and Consumer Service. ***Child and Adult Care Food Program: Nutrition guidance for child care homes.*** Alexandria, VA: Child Nutrition Division, Food and Consumer Service, U.S. Department of Agriculture, 1995. 96 pp.

Contact: Child and Adult Care Food Program director at the state administering agency—Department of Education, alternate state agency, or Food and Consumer Service Regional Office. Available to participating CACFP institutions at no charge.

This manual identifies the food responsibilities of child care home providers in the Child and Adult Care Food Program, and encourages achievement of the *Dietary Guidelines for Americans* within the current CACFP meal patterns. It includes menu planning suggestions, sample menus, food buying and shopping tips, sanitation and food safety guidance, and nutrition education ideas.

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*U.S. Department of Agriculture, Food Safety and Inspection Service. ***A quick consumer guide to safe food handling.*** Washington, DC: Food Safety and Inspection Service, U.S. Department of Agriculture, 1990. 2 pp.

Contact: Consumer Information Center 5B, P.O. Box 100, Pueblo, CO 81002. Fax (719) 948-9724. Available at no charge.

This pamphlet describes how to buy, store, prepare, serve, and re-store food safely in order to avoid food poisoning. Cold storage guidelines and appropriate cooking temperatures are included in chart form.

FOR CENTERS ONLY

This section provides information about the standards that apply only to child care centers. This section deals with:

- ☆ Writing menus
- ☆ Infant feeding policies
- ☆ Food service staffing, equipment, and records
- ☆ Access to kitchen
- ☆ Food safety
- ☆ Kitchen—dishwashing area
- ☆ Meals from outside vendors or central kitchens
- ☆ Nutrition learning experiences for children

NU7 Written menus showing all foods to be served shall be prepared at least 1 month in advance and shall be dated, amended to reflect any changes in the food actually served, made available to parents, and retained for 3 years. Any substitutions shall be of equal nutrient value.

WRITING MENUS NU7

When writing menus for a child care center, do the following things:

- ✡ Prepare menus at least 1 month in advance;
- ✡ Date menus;
- ✡ List the foods to be served on the menu;
- ✡ Substitute only foods with equal nutrient value;
- ✡ Show any changes in foods actually served on the menu;
- ✡ Make the menus available to parents; and
- ✡ Keep the menus for 3 years.

Planning menus in advance helps ensure that the right foods will be on hand. Sharing the menus with parents helps in several ways:

APP24 Written policies about infant feeding shall be developed with the input and approval of the child's health care provider and the child care Nutrition Specialist and shall include the following:

a) Storage and handling of expressed breast milk.

b) Determination of the kind and amount of commercially prepared formula to be prepared for infants, as appropriate.

c) Preparation, storage, and handling of formula.

d) Use and proper disinfection of feeding chairs and of mechanical food preparation and feeding devices, including blenders, feeding bottles, and food warmers.

e) Whether formula or baby food shall be provided from home, and if so, how such food will be transported, stored, and handled.

f) A prohibition against bottle propping or prolonged feeding.

g) A prohibition against allowing children to have their bottles at times other than when they are held or while seated for feeding.

h) Specification of the number of children who can be fed by one adult at one time.

i) Handling of food intolerance or allergies (e.g., to cow's milk, orange juice, eggs, or wheat).

j) Responding to infants' need for food in a flexible fashion to approximate demand feedings.

(1) Menus can help educate the parents about proper nutrition,

(2) Menus show the parent what the child eats each day so that the parent can decide what other foods to give the child at home, and

(3) The parent can alert the child care center in advance if the child has difficulty with any of the foods on the menu.

Some regulatory agencies require menus to be kept up to 3 years for licensing purposes.

INFANT FEEDING POLICIES APP24

Centers should have written policies about infant feeding for each infant. These policies should be developed with input from the infant's parents, health care provider, and the child care nutrition specialist. Each policy should include these things:

- Storage and handling of expressed breast milk, if used;
- Kind and amount of commercial formula to prepare for the infant, if used;
- Proper preparation, storage, and handling of commercial formula, if used;
- Proper usage and disinfection of food preparation equipment and bottles;
- Methods for transporting, storing, and handling breast milk, formula, or baby food brought from home;
- A statement against bottle propping, prolonged feeding, and allowing children to have their bottles when they are not being held or seated for feeding;
- The number of children who can be fed by an adult at one time; and
- Information about handling food intolerance or allergies and responding to infants' need for food in a flexible manner.

FOOD SERVICE STAFFING NU25-29

Centers need enough food service personnel to ensure that children are fed according to the center's schedule. Any center that is open for 6 or more hours a day and/or prepares and serves food on the premises should have certain staff. Centers should have:

SETTING	FOOD SERVICE STAFF
Centers serving up to 30 children	Full-time child care food service worker (cook)*
Centers serving up to 50 children	Full-time child care food service worker (cook) and part-time child care food service aide*
Centers serving up to 125 children	Full-time child care food service manager or full-time child care food service worker (cook) and full-time child care food service aide
Centers serving up to 200 children	Full-time child care food service manager, full-time child care food service worker (cook), and one full-time plus one part-time child care food service aide
Vendor food service	One assigned staff member or one part-time staff member, depending on amount of food service preparation needed after delivery

*These staff members work under the guidance of a child care food service manager or a local child care nutrition specialist.

The qualifications and responsibilities for these food service staff are:

TITLE	LEVEL OF PROFESSIONAL RESPONSIBILITY	EDUCATION AND EXPERIENCE
Child Care Nutrition Specialist (local level)	Provides expertise to child care center director and provides ongoing guidance, consultation, and in-service training to facility's nutrition personnel in implementing and evaluating all aspects of the nutrition component. The number of sites and facilities for one child care nutrition specialist will vary according to size and complexity of local facilities.	Current registration with the Commission on Dietetic Registration of the American Dietetic Association or eligibility for registration, with minimum qualifications including or supplemented by course(s) in child growth and development, plus at least 1 year of related experience as a nutritionist in a health program including services to infants and children.
Child Care Food Service Manager	Has overall supervisory responsibility for the food service unit at one or more facility sites.	High school diploma or GED. Successful completion of a food-handler class. Coursework in basic menu-planning skills, basic foods, introduction to child feeding programs for managers, and/or other relevant courses (offered at community colleges). Two years of food service experience.

TITLE	LEVEL OF PROFESSIONAL RESPONSIBILITY	EDUCATION AND EXPERIENCE
Child Care Food Service Worker (Cook)	Under the supervision of the Food Service Manager, carries out food service operations including menu planning, food preparation and service, and related duties in a designated area.	High school diploma or GED. Successful completion of a food-handler class. Coursework in basic menu-planning skills and basic foods (offered through adult education or a community college). One year of food service experience.
Child Care Food Service Aide	Works no more than 4 hours a day, under the supervision of an employee at a higher level in food service unit.	High school diploma or GED. Must pass the food-handler test within 1 to 2 months of employment. No prior experience is required for semi-skilled persons who perform assigned tasks in designated areas.

NU25 The center shall be responsible for the administrative aspects of the food service unit unless the facility is large enough to justify employment of a full-time child care Nutrition Specialist or child care food service manager, in which case the responsibility is delegated.

NU26 Each facility shall employ trained staff and provide ongoing supervision and consultation in accordance with individual site needs as determined by the child care Nutrition Specialist. Prior work experience in food service shall be required for the solitary worker responsible for food preparation and so forth without the continuous onsite supervision of a food service manager.

NU27 A local child care Nutrition Specialist or food service expert shall be employed to work with the architect or engineer in development and implementation of the facility's nutrition plan and to prepare the initial food service budget. The nutrition plan encompasses kitchen layout, food procurement, preparation, and service, staffing, and nutrition education.

The director of a center serving less than 125 children is responsible for the administrative aspects of the food service unit. In larger centers, this is the responsibility of the full-time child care nutrition specialist or child care food service manager.

Centers should employ trained food service staff and supervise them appropriately. Previous food service work experience is required for any food service worker who is solely responsible for food preparation without on-site supervision by a food service manager.

Centers should have a nutrition plan that includes kitchen layout; food purchase, preparation, and service; staffing; and nutrition education. Centers should employ a local child care nutrition specialist or food service expert to:

- work with the architect or engineer to develop the facility's food service/nutrition plan;
- be involved in making decisions about the placement and adequacy of space for food service equipment, dining areas, and storage;
- be involved in carrying out the plan; and
- prepare the initial food service budget.

When changes are made in the food service/nutrition plan, such as installing a new dishwasher or expanding storage or dining areas, the child care nutrition specialist or food service expert should again work with the architect or engineer.

NU28 When alterations in the nutrition plan are contemplated, such as installing a new dishwasher or expanding storage or dining areas, the procedure to be followed shall be the same as for new construction or renovation. The food service expert shall be involved in the decision-making process and oversee carrying out completion of the plan.

FOOD SERVICE EQUIPMENT

All food service equipment should be easy to clean properly, and it should be safe to operate. It should meet the following:

- Performance and health standards of the National Sanitation Foundation and the U.S. Department of Agriculture food program and sanitation codes as determined by the regulatory public health authority.

NU29 For facilities operating 6 or more hours a day and/or preparing and serving food on the premises, the food service staff requirements shown in Appendix M shall apply.

Trained inspectors should check this equipment and provide technical assistance to the facilities.

Standards can be obtained from:

National Sanitation Foundation
3475 Plymouth Road
P.O. Box 1468
Ann Arbor, MI 48106

NU53 Food service equipment shall be designed, installed, operated, and maintained to meet the performance and health standards of the National Sanitation Foundation and the United States Department of Agriculture (USDA) food program and sanitation codes as determined by the regulatory public health authority.

The Code of Federal Regulations Part 200, Section 354.210 (revised January 1990) on sanitary requirements is available from:

USDA Food Safety and Inspection Service
Facilities and Equipment Sanitation Division
14th and Independence Ave., S.W.
South Building, Room 1142
Washington, DC 20250 NU53

NU59 In centers using commercial cooking equipment to prepare meals, ventilation shall be provided with an exhaust system capable of providing a capture velocity of 50 feet per minute, 6 inches above the outer edges of the cooking surfaces at the prescribed filter velocities.

If the center uses commercial cooking equipment, proper ventilation is needed. The exhaust system should provide a capture velocity of 50 feet per minute 6 inches above the outer edges of the cooking surfaces at the prescribed filter velocities. This type of exhaust system properly collects fumes and grease-laden vapors at their source. If you need more information about capture velocity, refer to the exhaust system owner's manual. NU59

NU60 All gas ranges in centers shall be mechanically vented and fumes filtered prior to discharge to the outside. All vents and filters shall be maintained free of grease buildup, in a sanitary condition, and in good repair.

NU55 Centers shall provide a separate handwashing sink in the facility with a minimum 8-inch-high splash guard or with 18 inches of space between the handwashing sink and any open food zones (preparation tables, food sink, etc).

AD86 The facility shall maintain records covering the nutrition services budget, expenditures for food, numbers and types of meals served daily with separate recordings for children and adults, inspection reports made by health authorities, and recipes. Copies shall be maintained in the facility files for at least 1 year.

NU66 In centers, access to the kitchen by infants and toddlers shall be restricted. Access by older children shall be permitted if supervised by staff who have been certified by the child care Nutrition Specialist or center director as qualified to follow the sanitation, disinfection, and safety procedures of the facility.

Gas ranges should be mechanically vented. Fumes should be filtered before discharge to the outside. All vents and filters should be kept clean, free of grease buildup, and in good working order. Properly maintained vents and filters control dangerous fumes. NU60

Centers should have sinks in two separate areas—one for handwashing and one for food preparation. Separate sinks help keep food from being contaminated. Do not use the handwashing sink for food preparation. The handwashing sink should have either:

- a splash guard at least 8 inches high ***OR***
- at least 18 inches of space between it and any food preparation areas, including preparation tables and the food sink. NU55

FOOD SERVICE RECORDS AD86

Centers should keep food service records to aid in the management and improvement of services. Keep records of these things for at least 1 year:

- nutrition services budget;
- expenditures for food;
- numbers and types of meals served daily with separate recordings for children and adults (exception, CACFP records must be kept for 3 years);
- inspection reports made by health authorities; and
- recipes.

KITCHEN ACCESS NU66

Kitchens can be dangerous for young children. Infants and toddlers should not be allowed into the kitchen. Older children in the kitchen should be supervised by qualified staff who have been certified by the child care nutrition specialist or center director. These staff should follow the sanitation, disinfection, and safety procedures of the facility and make sure the children follow them.

FOOD SAFETY

Staff who work with food should be very careful not to contaminate the food. If possible, cooks should not have any child care or janitorial responsibilities. Staff who prepare food should not change diapers. Staff who work with children in diapers should not prepare or serve food for children. This practice helps keep staff from getting sick and infecting the food or spreading illness from the children to the food.

When it is not possible to observe these restrictions, staff who change diapers should wash their hands thoroughly with warm soapy water before they prepare or serve food. Caregivers who prepare food for infants should always wash their hands carefully before handling food, including infant bottles of formula or breast milk. NU70

Dry, bulk foods that are not in their original, unopened containers should be stored 6 inches off the floor. Store them in clean metal, glass, or food-grade plastic containers with tight-fitting covers. Be sure to label and date them. NU90

Hot foods should not be steamed longer than 30 minutes before they are covered and refrigerated. Excessive heating of foods results in loss of nutritional content. NU82

KITCHEN—DISHWASHING AREA NU97

To clean and sanitize dishes and utensils, centers should have either:

1) an approved dishwasher capable of washing, rinsing, and sanitizing multiuse utensils and at least a two-compartment sink with a spray unit *OR*

2) a three-compartment dishwashing area with built in drainboards on each side. If the center does not have a sink with three compartments, use a large dish pan for the second and/or third compartment.

If the center cannot arrange for proper dishwashing facilities, use paper cups and plates and sturdy plastic utensils and dispose of them after every use.

NU70 Staff who prepare food shall not change diapers. Staff who work with diapered children shall not prepare or serve food for older groups of children. When it is not possible to observe these restrictions, staff who are responsible for changing diapers shall prepare or serve food to the infants and toddlers in their groups only after thoroughly washing their hands. Caregivers who prepare food for infants shall practice careful handwashing before handling food, including infant bottles of formula or breast milk.

NU90 Dry, bulk foods that are not in their original, unopened containers shall be stored off the floor in clean metal, glass, or food-grade plastic containers with tight-fitting covers, and shall be labeled and dated.

NU82 Hot foods shall be steamed for no longer than 30 minutes before being covered and refrigerated.

NU97 Centers shall provide a three-compartment dishwashing area with dual integral drainboards and/or an approved dishwasher capable of disinfecting multiuse utensils. If a dishwasher is installed, at least a two-compartment sink with a spray unit shall be provided. If a dishwasher or a three-compartment sink is not used, paper cups and plates and plastic utensils shall be used and shall be disposed of after every use.

BEST COPY AVAILABLE

NU104 Centers receiving food from an off-site food service facility shall have provisions for the proper holding and serving of food and washing of utensils to meet the requirements of the Food and Drug Administration's Retail Food Sanitation Code and the standards approved by the state or local health authority.
EDITOR'S NOTE: Refer to revised standards, U.S. Public Health Service, FDA, *Food Code*, 1995.

NU106 The nutrition plan shall be developed in advance with guidance from, and shall be approved by, the child care Nutrition Specialist. For centers, this shall be a written plan.

MEALS FROM OUTSIDE VENDORS OR CENTRAL KITCHENS NU104

Centers that receive food from an off-site food service facility should be able to safely hold and serve the food and properly wash the utensils. Food must be held at the right temperature to prevent spoilage. Centers should meet the requirements of the Food and Drug Administration's *Food Code*, 1995 edition, and the standards approved by the state or local health authority.

To obtain a copy of the FDA's *Food Code* contact:

National Technical Information Service (NTIS)
5285 Port Royal Road
Springfield, VA 22161
Telephone: (703) 487-4650

NUTRITION LEARNING EXPERIENCES FOR CHILDREN NU106

The nutrition plan described in Chapter 6 (page 49) should be developed with guidance from and should be approved by the child care nutrition specialist. For centers, this plan should be written.

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MATERIALS FOR PARENTS

HELP YOUR CHILD LIKE NEW FOODS

As a parent, you play an important part in the development of your child's eating habits. Your child needs to eat a variety of foods every day to meet his or her needs for growth and development. This habit will be important throughout your child's life because no single food can provide all the nutrients he needs.

Here are some things you can do to help your child learn to eat a variety of foods:

Have a positive attitude. Serve new foods to your child and expect that she will eventually learn to like them. If you think she can handle them, she probably will.

Don't force your child to eat. Children sometimes do not like to eat food they have never seen before. Keep serving the food to your child. As he becomes more familiar with it, he may decide to taste it.

Let your child help prepare the food. This can be something simple like tearing lettuce for a salad or stirring pancake batter. This will help your child become familiar with the new food. As you prepare it together, you and she can talk about the color, shape, and texture of the food.

Serve new foods when your child is hungry. Let the new food be the first thing your child eats. He might not want to try something new if he has already filled up on his favorites.

Serve one new food at a time. Don't overwhelm your child by serving her a plate full of new foods. Instead, try offering one new food on her plate with familiar foods that she likes.

Be a good role model. Eat a new food in front of your child and let him see how much you are enjoying it. He may try it because he wants to be like you.

Respect your child's food preferences. There may be some foods that your child doesn't like no matter what you try. That's okay. Just be sure to offer your child other foods from the same food group at other meals and snacks.

KNOW YOUR RESPONSIBILITIES

Both you and your child have certain responsibilities in feeding. Be sure to fulfill your own, but don't try to take over your child's. She will do her part.

Young children will not eat the same way from day to day or from meal to meal. Growth spurts and changes in activity or interests affect your child's appetite. As long as your child is healthy and growing, you don't need to be concerned about this. Do not force your child to eat specific foods or clean her plate. Healthy children will eat what they need.

Present food and mealtime as a positive experience for your child. Don't use food (such as candy) as a reward. Don't deny dessert as a punishment. Doing these things might cause your child to believe that sweets are special foods and to overeat when given the opportunity.

You have a responsibility to be a good role model for your child and to help him learn. Your child will imitate you, so be sure to display the behaviors you would like him to have. Try a variety of foods, and have good manners at the table. While you eat, talk to your child about the foods he is eating and pleasant events of the day.

RESPONSIBILITIES

PARENT—responsible for the type of food that is bought, how the food is prepared, when the food is served, and the environment in which the meal is served.

CHILD—responsible for whether he eats, what he eats, and how much he eats.

KEEP YOUR CHILD SAFE FROM CHOKING

Choking can be a problem in young children because they may not have enough muscle control to chew and swallow foods properly. Foods that are small or slippery, such as peanuts or hot dogs, might slip down a young child's throat before he has a chance to chew them. Foods that are dry and difficult to chew, such as popcorn and nuts, might be swallowed whole by your child. Foods that are sticky or tough to break apart, such as peanut butter or tough meat, could get lodged in your child's throat.

CHANGE FOODS TO MAKE THEM SAFE

Some foods can be changed to make them safer for young children. Try these ideas:

FOOD	KIND OF CHANGE
Hot dogs	Cut in quarters lengthwise, then into small pieces
Whole grapes	Cut in half lengthwise
Nuts	Chop finely
Raw carrots	Chop finely or cut into thin strips
Peanut butter	Spread thinly on crackers; mix with applesauce and cinnamon and spread thinly on bread
Fish with bones	Remove the bones

PREVENT CHOKING!

Do not serve these foods to children under the age of 4.

- Spoonfuls of peanut butter
- Mini-marshmallows
- Large chunks of meat
- Nuts, seeds, peanuts
- Raw carrots *(in rounds)*
- Fish with bones
- Other dried fruit
- Hot dogs *(whole or sliced into rounds)*
- Hard candy
- Popcorn
- Raw peas
- Whole grapes
- Ice cubes
- Raisins
- Pretzels, chips

FOOD SAFETY FOR CHILDREN

Food-borne illness can be serious in a young child. Here are some things you can do to help keep your child from getting sick:

Keep everything clean

- Wash your hands and your child's hands before preparing or eating food and after anything that interrupts either of those activities.
- Wash fresh fruits and vegetables carefully before cooking them or giving them to your child to eat raw.
- Wash dishes thoroughly in hot soapy water. Use clean dishcloths to wash dishes. Don't use sponges—they often spread germs. Rinse and sanitize dishes and let them air-dry.
- If you use a cutting board, wash it thoroughly with hot soapy water between uses for different foods, especially after using it to cut raw meat. Use only cutting boards made of nonporous materials.

Prepare foods properly

- Always cook foods thoroughly. Be especially careful about foods containing meat, fish, eggs, or poultry. Cook hamburger until it is brown or gray on the inside. Cook chicken until the juices are clear when a knife or fork is stuck into it. Cook fish until it is opaque and flakes easily with a fork. Cook eggs until they are firm.
- Thaw frozen foods in the refrigerator or under cold running water—NEVER on the counter or in a bowl of standing water.
- Serve hot foods hot and cold foods cold. Make sure that hot foods stay above 140°F and cold foods stay below 40°F.

Store food safely

- If you have stored cooked foods in the refrigerator, serve them within 24 hours.
- Store raw foods below cooked or ready-to-eat foods in the refrigerator.
- Store dry ingredients (rice, sugar, etc.) in nonporous containers with tight-fitting lids to prevent insects and rodents from entering the products.
- Cover and refrigerate or freeze extra cooked food right away. NEVER leave it on a counter to cool.
- Leftovers that are refrigerated or frozen should only be reheated and reused one time. If they are not all eaten the second time, throw them out.
- When reheating, bring liquids such as gravy, soup, or sauce to a boil. Heat other leftovers to 165°F.
- Store cleaning products and medications away from food and out of the reach of children.

HOW TO TELL IF FOOD IS SAFE

- Look at the expiration date on unopened containers of food. Do not use food past this date—even if it looks okay.
- Inspect food for spoilage every day. How does it smell? How does it look? If a food smells spoiled or looks moldy, don't serve it to children, and don't eat it yourself. If food is moldy, throw it all out—don't just take out the moldy part. **Remember, food does not have to look or smell bad to be unsafe.**
- Do not use food in cans that are leaking or have bulges. These bulges are caused by gas produced by dangerous bacteria inside the can.
- Do not serve home-canned foods. Bacteria may grow in improperly canned food and cause serious illness.
- Do not use foods in unlabeled cans or packages without labels.
- Do not use food in cans that are dented or rusted, in jars that are cracked or have broken seals, or in packages that are torn. These openings may allow the food to be contaminated.
- Discard refrigerated leftovers within 24 hours.

WHEN IN DOUBT, THROW IT OUT!

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KITCHEN SAFETY FOR CHILDREN

You can make your kitchen a safe learning environment for your children. Here are some things you can do:

Prepare hot foods safely

- Use back burners when cooking, if possible. Always place pot handles toward the back of the stove.
- If you heat food for your child in the microwave, be sure to test the temperature before giving it to the child to eat.
- Keep coffee, hot water, and other hot liquids out of your child's reach. Do not have these items in your hand when you are holding your child. Don't place them at the edge of a counter or table or on a tablecloth that could be yanked down.

Cooking equipment

- Look for appliances with short cords. Long cords can be easily pulled or tripped on. Never let cords dangle. Keep them wound up and out of reach.
- If possible, plug in appliances above counter or table level. Place highchair away from counters or tables that have these items on them.
- The stove may be dangerous even after you have turned it off. An electric burner coil can reach over 1,000°F and can ignite fabric on contact.
- When purchasing a stove, look for one with knobs that are difficult to turn or knobs that are not near the front of the stove.

Knives and other utensils

- Always put utensils in a safe place before turning your attention away.
- Move toothpicks out of reach, too. Their small size is particularly intriguing to young children.

Storage

- Use safety latches in drawers and on cupboard doors. This also helps prevent messy cleanup.
- Store poisonous products (such as cleaning supplies and bug spray) and alcoholic beverages separately from food and out of your child's reach.
- Store poisonous products in their original containers. (Anything in a juice container will look like juice to your child.) Original containers list ingredients—this is important to know if your child swallows something poisonous.
- Store vitamins and medicine out of child's reach. (Children like to imitate adults "taking medicine.")
- Don't store food treats and other attractive items over the stove.
- Store foil and plastic wrap out of your child's reach—the serrated edge on the boxes can cut a child. Plastic wrap and grocery vegetable bags pose can suffocate a small child who places them over his head.
- Store pet food bowls and supplies out of reach of your crawling child.

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